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**Section 2 - 1** : Outputs

**Section 2 - 2** : Outputs

**Section 2 - 3** : Outputs

## **Enrollment and Certification**

**Section 2 - 4** : Outputs

**Section 2 - 4.1** : Forms

**Section 2 - 4.1.1** : Certification Record

**Priority:** Required

**Window:** Certification Record

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window lists current certification information and backup purposes for verification.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification



**Section 2 - 4.1.1.1 : Certification Record Criteria**

Arizona Department of Health  
WIC System  
Report: CERTIFICATION RECORD

Output Device: PREVIEW

Filename:

Number of Copies: 1

Family/ Client: FAMILY

Family ID:

Client ID From:

Thru:

**Figure 175** - Certification Record Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to.

**Filename** - The user may enter the name of a file that the report is to be saved in here.

**Number of Copies** - The user may enter in the number of copies of this report to be generated.

**Family /Client** - The user may choose to select by Family or by Participant.

**Family ID** - The user may enter the Family ID to be queried on. This field can be selected from a list of values. For more information, refer to the Family Information window.

**Client Id From/Thru** - Drop down lists that allow the user to select the beginning and ending sequential Part. Id numbers to be queried on.

*Push Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.1.1.2 : Certification Record Form****WIC / CSF Certification Information**

Print Date: MM/DD/YYYY

Family ID: ZZZZZZ9 Client ID: ZZZZZZ9 Clinic: XXXXXXXXXXXXXXXXXXXX  
 Client Name: XXXXXX, XXXXXX Distribution Site: XXXXXXXXXXXXXXXXXXXX  
 Authorized Representative 1 XXXXXX, XXXXX  
 Authorized Representative 2  
 Mailing Address: ZZ9 XXXXXXXXXXXXXXXXXXXX Street Address: ZZ9 XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXX, XX ZZZZ9 XXXXXXXXXXXXXXXX, XX ZZZZ9  
 Family Size: Z Family Members on WIC: Z  
 Phone Number: (ZZZ) ZZZ-ZZZ9 Language: XXXXXXXXXXXXXXXXXXXX  
 Disability: X Military: X Migrant: X Homeless: X  
 Income History:  
 Income Interval: XXXXXXXX Income Amount: ZZZZ.Z Income Documentation: XXXXXXXX  
 Adjunctively Eligible:  
 Birth Date: MM/DD/YYYY Gender: X  
 Category: XXXXXXXXXXXX Ethnic Group: XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX  
 Application Date: MM/DD/YYYY  
 Certification Date: MM/DD/YYYY Certification End Date: MM/DD/YYYY  
 Anthro Date: MM/DD/YYYY Height: Z'ZZ" Weight: ZZ9lbs. ZZ Oz.  
 Prepregnancy Wt: ZZZ9lbs. Z Oz. Weight Gain:  
 Bloodwork Date: MM/DD/YYYY Hemoglobin: ZZ Hematocrit: ZZ  
 EDD: MM/DD/YYYY Delivery Date: MM/DD/YYYY  
 Prenatal Care Began: MM/DD/YYYY Breastfeeding Now?: X  
 Previous Live Births: ZZ Previous Pregnancies: ZZ  
 Infant Condition at Birth: XXXXXXXXXXXXXXXXXXXX Infant Condition - PP: XXXXXXXXXXXX  
 Pick Up Day: XXXXX XXXXXXXXXXX XXXXXXXX Pick Up Interval: XXXXXXXX  
 Food Package: XX XXXXXXXX XXXX  
 Risk Factors: XX XXXXXXXX XXXX  
 XXXXXXXXXXXX: XXXX XXXX XXXXXXXX  
 Goals: XXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 Referrals: XXXXXXXXXXXXXXXX XXXXXXXX Referral Date: MM/DD/YYYY

**Figure 176 - Certification Record Report**

*Sort Criteria*

Family ID

Participant ID

*Background Process(es)*

The title of the form changes to either 'WIC Certification Information' or 'CSF Certification Information' depending on the program that the participant is currently certified for. Only risk factors and goals selected to be printed on the care plan are printed on the Certification Record. A child's (infants > 6 mo. through C4) certification that undergoes an End of Day (EOD) category change due to a birthday, displays the original date of the certification, the original anthropometric date, and blood-work date (prior to EOD category change) on the Certification Record.

The generation of this form is logged in the Participant's record as a communication.

## **Enrollment and Certification**

**Section 2 - 4.1.2** : Civil Rights Complaint Form

**Priority:** Required

**Window:** Civil Rights Complaint Form

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window allows the CNW to collect the required information to generate a standard civil rights complaint form.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.1.2.1 : Civil Rights Complaint Form Criteria

The screenshot shows a software window titled "Arizona WIC Program - [Civil Rights Complaint Form]". The window contains a menu bar with "File", "Edit", "Item", "Record", "Query", "Window", and "Help". Below the menu bar is a toolbar with various icons. The main area of the window displays a form titled "Client". The form has a table with the following columns: "Client ID", "Last Name", "First Name", "MI1", and "MI2". The "Client ID" field is highlighted in yellow and has a blue arrow icon next to it. Below the table is a checkbox labeled "Anonymous". The status bar at the bottom of the window displays the text "Enter a query: press F8 to execute, Ctrl+q to cancel.", "Record: 1/1", and "Enter-Query List of Values <OSC> <DBG>".

**Figure 177** - Civil Rights Complaint Form Criteria

### *Fields*

**Part. ID** - The unique identification number to identify a Participant. Double clicking on this field will invoke the Participant/Family search function which can be utilized to retrieve Participant information. This field is mandatory.

**Last Name** - The last name of the participant. This field is display only.

**First Name** - The first name of the participant. This field is display only.

**MI 1** - The first middle initial of the Participant. This field is display only.

**MI 2** - The second middle initial of the Participant. This field is display only.

**Anonymous** - A check box that indicates that the Participant wishes to remain anonymous, and the Name, address, and phone of the complainant are not filled in by the system.

**Section 2 - 4.1.2.2 : Civil Rights Complaint Form****WIC/CSFP Civil Rights Complaint Form**

Directions: You have 180 days (6 months) to file a complaint. Fill out the information below.  
The starred lines are mandatory.

Mail To: USDA / Director / Office of Civil Rights  
Room 326-W  
Whitten Building  
14<sup>th</sup> and Independence Avenue, SW  
Washington, DC 20250

**Name of Complainant:** XX

**Address of Complainant:** XX

XX

**Phone of Complainant:** (ZZZ) ZZZ-XXXX

**\*Name of Agency:** XX

**\*Address of Agency:** XX

XX XX XXXX

**\*Phone of Agency:** (ZZZ) ZZZ-XXXX

**Person writing complaint:** \_\_\_\_\_  
(if different than complainant)

**Basis of discrimination (circle all those that you feel apply)**

**Race      Color      National Origin      Age      Sex      Handicap**

**Names, addresses, and phone numbers of any other persons with knowledge of incident(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Date of Incident:** \_\_\_\_\_

**\*Describe incident (use back of form and include details):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Figure 178 - Civil Rights Complaint Form**

*Sort Criteria:*

None.

*Calculation(s)*

None.

*Background Process(es)*

The generation of this form is logged in the Participant's record as a communication.

## **Enrollment and Certification**

**Section 2 - 4.1.3** : Program Request Form

**Priority:** Required

**Window:** Program Request Criteria

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window is used to generate the program request form which is utilized to gather a participants consent for the WIC program to release medical information.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification



### Section 2 - 4.1.3.1 : Program Request Form Criteria

The screenshot shows a software window titled "Arizona WIC Program - [Program Request Form]". The window has a menu bar with "File", "Edit", "Item", "Record", "Query", "Window", and "Help". Below the menu bar is a toolbar with various icons for file operations, editing, and navigation. The main area of the window contains a form titled "Client". The form has five fields: "Client ID" (highlighted in yellow), "Last Name", "First Name", "MI1", and "MI2". The "Client ID" field has a small blue arrow icon next to it. The status bar at the bottom of the window displays the text "Enter a query: press F8 to execute, Ctrl+q to cancel" and "Record: 1/1 Enter-Query List of Values: <OSC> <DBG>".

**Figure 179** - Program Request Form Criteria

#### *Fields*

**Part. Id** - The identification number of the Participant for whom the program request form is being generated. This field is mandatory.

**First Name** - The name of the Participant is displayed here.

**Last Name** - The last name of the Participant is displayed here.

**MI 1** - The first middle initial of the Participant is displayed here.

**MI 2** - The second middle initial of the Participant is displayed here.

**Section 2 - 4.1.3.2 : Program Request Form - Infant / Child****Arizona WIC Program Referral/Information Request Form – Infant and Child**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

**Consent**

I authorize the release of all medical information to the WIC Program.

*Yo autorizo la divulgación de toda mi información médica al Programa de WIC.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information Requested**

Date of Measurements \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Hgb/Hct \_\_\_\_\_

Gestational Age \_\_\_\_\_

**Medical Conditions:**

- |  |   |
|--|---|
| <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Premature Infant               |
| <input type="checkbox"/> Cystic Fibrosis   | <input type="checkbox"/> Intolerance / Allergy to _____ |
| <input type="checkbox"/> IUGR/low weight   | <input type="checkbox"/> Other: _____                   |

**Formula Requested****1. Formulas tried and specific reactions:**

\_\_\_\_\_ Similac Advance \_\_\_\_\_

\_\_\_\_\_ Similac Isomil Advance \_\_\_\_\_

\_\_\_\_\_ Similac Sensitive \_\_\_\_\_

\_\_\_\_\_ Others \_\_\_\_\_

**2. Formula Name:** \_\_\_\_\_**3. Form (circle one):** POWDER READY to FEED CONCENTRATE

(Powder will be provided if one is not circled)

**4. Length of Issuance:** \_\_\_\_\_**5. Medical reason for formula:** \_\_\_\_\_**6. Special instructions:** \_\_\_\_\_**Medical Provider:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name/Title \_\_\_\_\_

Telephone \_\_\_\_\_

**Figure 180 - Program Request Form - Infant / Child**

**Section 2 - 4.1.3.3** Program Request Form - Pregnant, Breastfeeding, Postpartum Women**Arizona WIC Program Referral/Information Request Form - Woman**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Consent**

I authorize the release of all medical information to the WIC Program.

*Yo autorizo la divulgación de toda mi información médica al Programa de WIC.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information Requested**

Expected Delivery Date \_\_\_\_\_ Hgb/Hct \_\_\_\_\_ Date of Hgb/Hct \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Problems During Past Pregnancies (not including current): \_\_\_\_\_

**Current Pregnancy Information Requested****Pregnancy Issues:**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Nausea       | <input type="checkbox"/> Gestational Diabetes |
| <input type="checkbox"/> Vomiting     | <input type="checkbox"/> Low Weight Gain      |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Other: _____         |

Problem During This Pregnancy: \_\_\_\_\_

Multiple Gestation: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Anticipated or Actual C-Section? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Medical Provider:**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name/Title \_\_\_\_\_

Telephone \_\_\_\_\_

**Figure 181** - Program Request Form - Pregnant, Breastfeeding, Postpartum Women

*Sort Criteria*

None

*Calculation(s)*

None.

*Background Process(es)*

Depending on the age of the participant the system selects either the Women or Infant/Child Program Request form.

The generation of this form is logged in the Participant's record as a communication.

## **Enrollment and Certification**

**Section 2 - 4.1.4** : Ineligibility Notice

**Priority:** Required

**Window:** Ineligibility Notice

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window allows the user to request the generation of an ineligibility notice. In most cases this would be a report of an already produced notice through either the End of Day process or generated by the system while certifying the participant.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.1.4.1 : Ineligibility Notice Criteria

Arizona WIC Program - [Ineligibility Notice]

File Edit Item Record Query Window Help

Language: ENGLISH

**Client**

Client ID	Last Name	First Name	MI1	MI2
[Yellow Box]				

Ineligibility Reason

Record: 1/1 <OSC> <DBG>

**Figure 182** - Ineligibility Notice Criteria

### *Fields*

**Language** - The language the notice should be printed in, either English or Spanish. This field is mandatory.

### *Fields (Participant section)*

**Part. Id** - The unique identification number to identify a Participant. This field is mandatory.

**Last Name** - The last name of the Participant selected. This field is display only.

**First Name** - The first name of the Participant. This field is display only.

**MI 1** - The first middle initial of the Participant. This field is display only.

**MI 2** - The second middle initial of the Participant. This field is display only.

**Ineligibility Reason** - The reason that the Participant is ineligible. This field is display only.

## Section 2 - 4.1.4.2 : Ineligibility Notice Form - English

**ARIZONA WIC/CSF PROGRAMS  
NOTIFICATION OF INELIGIBILITY**

Applicant's Name: XX

You have been found ineligible to participate in the WIC ☐ or CSF ☐ (check only one) Program for the following reason(s):

- | <u>WIC</u>                      | <u>CSFP</u>                          |
|---------------------------------|--------------------------------------|
| • XXX XX XX XXX XXXXXXXXXXX XXX | • XXX XX XXX XX XXXXX XX XXX<br>XXXX |
| • XXX XX XX XXX XXXXXXXXXXX XXX | • XXX XXXX XXX XXXXX XX XXX XXXX     |
| • XXX XX XX XXX XXXXXXXXXXX XXX | • XXX XX XXX XXX XX XX XXX XXXX      |

Health and/or Public Assistance Program referral made: yes ☐ no ☐

If any of the above change, you may reapply for services.

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within sixty (60) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

To request a show cause meeting, submit the request to:  
Local Agency WIC Director  
Administrative Office of the Local WIC Agency where you receive benefits  
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spoke person. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a fair hearing, submit your request to:  
Arizona Department of Health Services  
Office of the Director  
1740 W. Adams, Room 407  
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

To request for an informal settlement conference, submit the request in writing to:  
Arizona Department of Health Services  
Office of Nutrition Services - Room 203  
WIC Director  
1740 W. Adams  
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C., 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

For participants in a valid certification period only: \_\_\_\_\_

Participants are advised in writing 15 calendar days prior to the end of program benefits. Your WIC Program benefits will end on \_\_\_\_\_

Applicant/caretaker's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Staff's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Figure 183 - Notification of Ineligibility - English**



**Section 2 - 4.1.4.3 : Ineligibility Notice Form - Spanish**

**PROGRAMAS DE WIC/CSF DE ARIZONA  
AVISO DE INELEGIBILIDAD**

Nombre del Solciant: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXX

La(s) Razon(es) que usted no es elegible para participacion en el Programa de WICG o CSFG

(marque solo uno) debido a las sigulentes razones:

**MC****CSFP**

- ☐ No es elegible en esta categoria
- ☐ Su sueldo excede las normas
- ☐ No se identific un riesgo nutritivo
- ☐ Usted esta participando actualmente en el Programa de CSFP
- ☐ Otra razon

- ☐ No es elegible en esta categoria
- ☐ Su sueldo excede las normas
- ☐ Usted esta participando actualmente en el Programa de CSFP
- ☐ Otra razon

**Solicitante remitido (referida) a Programa de Salud (Health)  
o Asistencia Publica (Public Assistance): ☐ si ☐ no**

Si ocurre un cambio en las situaciones mencionadas arriba, es posible solicitar los servicios de nuevo.

Si usted desea apelar esta decision, se deber solicitar una audiencia o una reunion informal (para mostrar causa) dentro de 60 dias de la fecha formulario. El personal de la agencia local le puede asistir en su solicitud escrita.

Una solicitud para un audiencia se deber enviar al director de la agencia local.

Si usted desea, puede ser representado por un familiar, una amistad, un concilio legal u otro portavoz. A pesar de que usted tiene el derecho a un concilio legal, este servicio seria a su gasto. No se le proveer un abogado.

WIC es un programa de oportunidad igual. Si una persona piensa que sa ha discriminado en contra de l por razon raza, color, origen nacional, sexo, edad, o inhabilidad, deber escribir al **Secretary of Agriculture, United States Department of Agriculture, Washington, D.C. 20250.**

Firma del solicitante/guradian: \_\_\_\_\_ Fecha: \_\_\_\_\_  
Firma del Representante dela clinica: \_\_\_\_\_ Fecha: \_\_\_\_\_



**Figure 184 - Notification of Ineligibility – Spanish**



*Sort Criteria*

Distribution Site

Participant ID

*Calculation(s)*

None.

*Background Process(es)*

Generating this form does not automatically terminate the participant, rather the system reads the termination reason from the Termination window and displays the reason on this notice (For English). When produced in Spanish the termination reason is not filled in, rather the user must check the termination reason that is displayed on the parameter form. This form is produced through the end of day process 6 weeks prior to the end of the certification period for CSF participants that will no longer be categorically eligible.

The generation of this form is logged in the Participant's record as a communication.

## **Enrollment and Certification**

**Section 2 - 4.1.5** : Participant Rights and Responsibilities

**Priority:** Required

**Window:** Participant Rights and Responsibilities

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window allows the user to enter information (the family unit) in order to generate a better detailing of the participant rights and responsibilities, and document signatures of authorized representatives.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.1.5.1 : Participant Rights and Responsibilities Criteria

Language: **ENGLISH**

**Family**

Family ID	Auth Rep Last Name	Auth Rep First Name	MI1	MI2
[Dropdown]				

**Client**

Client ID	Last Name	First Name	MI1	MI2	Birth Date	Category

Record: 1/1    <OSC> <DBG>

**Figure 185** - Participant Rights and Responsibilities Criteria

### Fields

**Language** - The language the notice should be printed in, either English or Spanish. This field is mandatory.

### Fields (Family section)

**Family ID** - A unique, system generated identifier for the family/economic unit. This field is mandatory and can be chosen from a list of values. For more information, refer to the Family Information window.

**Auth Rep Last Name** - The last name of the first authorized representative. This field is display only.

**Auth Rep First Name** - The first name of the first authorized representative. This field is display only.

**MI 1** - The first middle initial of the first authorized representative. This field is display only.

**MI 2** - The second middle initial of the first authorized representative. This field is display only.

### Fields (Participant section)

**Client Id** - The unique identification number for a Participant. This field is display only.

**Last Name** - The last name of the Participant. This field is display only.

**First Name** - The first name of the Participant. This field is display only.

**MI 1** - The first middle initial of the Participant. This field is display only.

**MI 2** - The second middle initial of the Participant. This field is display only.

**Birth Date** - The birth date of the Participant. This field is display only.

**Category** - The current category of Participant. This field is display only.

**Section 2 - 4.1.5.2 : Participant Rights and Responsibilities Form - English**

Participant: XXXXXXXXXXXX XXXXXXXXXXXX Part ID XXXXXXXX Family ID XXXXXXXX

**Documentation Provided**

Type of document for participant's total household income: \_\_\_\_\_

☒ Yes ☒ No This represents my total household income.

Type of document for participant's identification: \_\_\_\_\_

Type of document for participant's residence: \_\_\_\_\_

**CONSENT/RELEASE**

Yes No

I give permission to clinic staff to physically touch me or my child to:

☒ ☒ measure height and weight☒ ☒ perform a blood test and☒ ☒ offer breastfeeding instruction.☒ ☒ I give permission to WIC/CSFP to release information about my health or the health of my child to the health care providers listed \_\_\_\_\_***Consent/release of records may be withdrawn in writing at any time.***

! I have been given a copy of, and understand my rights and responsibilities as a WIC or CSFP participant.

! I understand that clinic staff will share information on me or my child with other WIC or CSF Programs.

! I understand that a person cannot be in two WIC or CSF Programs at the same time.

! The information I have given WIC or CSFP is true to the best of my knowledge. I understand that WIC or CSFP staff may check the information I am giving them. If I lie or hide information I understand that I may be prosecuted under State and Federal law, and may have to repay the government.

**NOTE** If you wish to appeal any adverse action, you must request a fair hearing or an informal meeting (show cause) within 60 calendar days from the date of the adverse action. Local agency staff may assist you in making your request in writing. A request for a fair hearing is addressed to:**Director, Arizona Department of Health Services, 1740 West Adams, Phoenix, AZ 85007**

A request for a show cause meeting is addressed to the local agency program director.

If you choose, you may be represented by a relative, friend, legal counsel or other spokesperson. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C., 20250-9410 or call (202)-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Your signature says you understand the above information, and it is accurate. Your signature will cover consent/release until the end of this WIC or CSFP certification period from \_\_\_\_\_ to \_\_\_\_\_

Signature of REP 1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Date \_\_\_\_\_

**Figure 186 - Participant Rights and Responsibilities Form – English**

**Section 2 - 4.1.5.3 : Participant Rights and Responsibilities Form - Spanish**

Participante: XXXXXXXXXXXX XXXXXXXXXXXX ID XXXXXXXXXXXX ID de familia XXXXXXXXXXXX

**DOCUMENTACION**

Tipo de documento del ingreso total del participante: \_\_\_\_\_

G Sí ☒ No Este es el ingreso total de mi hogar.

Tipo de documento para identificación del participante: \_\_\_\_\_

Tips de documento del domicilio: \_\_\_\_\_

**LA DISPONIBILIDAD/EL CONSENTIMIENTO**

Sí No

☒ ☒ Permitiré que el personal de la clínica tome las medidas de peso y estatura y que tome prueba de sangre del dedo/deto gordo/talon para verificar el nivel del hierro.

☒ ☒ Permitiré que el personal de la clínica haga disponible la información acerca de mi salud o la salud de mi(s) hijo(s) a médico personal apuntado

***La disponibilidad/el consentimiento de expedientes se puede suspender por escrito en cualquier momento.***

! He recibido una copia de, y entiendo cuales son mis Derechos y Responsabilidades como participante de los programas de WIC o CSF.

! Entiendo que el personal de la clínica tendrá a su disposición datos sobre mi o mi hijo(a) para otros programas de WIC o CSF.

! Entiendo que una persona no puede participar en dos programas de WIC o CSF al mismo tiempo.

! La información que he dado a WIC o CSFP es verdadera según mi conocimiento. Yo entiendo que el personal de WIC o CSFP puede verificar la información que he dado. Entiendo que al ocultar información o mentir puedo ser juzgado(a) bajo la ley Federal o Estatal, y es posible que tenga que compensar el gobierno.

**Nota:** [Si usted desea apelar esta decisión, se deberá solicitar una audiencia o una reunion informal (para mostrar causa) dentro de 60 días de la fecha de la acción adversa. El personal de la agencia local le puede asistir en su solicitud escrita. La solicitud para una audiencia se deberá mandar al **Director, Arizona Department of Health Services, 1740 W. Adams, Phoenix, AZ 85007.**

La solicitud para reunión se deberá enviar al director de la agencia local.

Si usted desea, puede ser representado por un familiar, una amistad, un concilio legal u otro portavoz. A pesar de que usted tiene el derecho a un concilio legal, este servicio sería a su gasto. No se le proveerá un abogado.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en inglés) prohíbe la discriminación en todos sus programas y actividades a base de raza, color, origen nacional, género, religión, edad, impedimentos, credo político, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas). Personas con impedimentos que requieran medios alternativos de comunicación para obtener información acerca de los programas (Braille, tipografía agrandada, cintas de audio, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamando al (202) 720-2600 (voz y TDD).

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410, o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

Al firmar declara que entiende la información arriba y es exacta. Su firma cubrirá el consentimiento/disponibilidad hasta el final de su período de certificación de WIC o CSFP.

**Figure 187 - Participant Rights and Responsibilities Form – Spanish**

*Sort Criteria*

Participant ID

*Calculation(s)*

None.

*Background Process(es)*

The system generates one copy for each participant in the family group.  
The generation of this form is logged in the Participant's record as a communication.

## **Enrollment and Certification**

**Section 2 - 4.1.6** : Proxy Form

**Priority:** Required

**Window:** Proxy Form

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window allows the user to print a form to designate a proxy to the family/economic unit. This allows services for the unit to flow through a single point of contact. The proxy name must be entered in the family information window before producing this form.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.1.6.1 : Proxy Form Criteria

Arizona WIC Program - [Proxy Form]

File Edit Item Record Query Window Help

Language: **ENGLISH** Program: **WIC**

**Family**

Family ID: **Proxy1**

Last Name	First Name	MI1	MI2

**Client**

Client ID	Last Name	First Name	MI1	MI2	Birth Date	Category	Print
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

Record: 1/1 <OSC> <DBG>

**Figure 188** - Proxy Form Criteria

### Fields

**Language** - The language the notice should be printed in, either English or Spanish. This field is mandatory.

**Program** - The program to generate a proxy from, either WIC or CSF. This field is mandatory.

### Fields (Family section)

**Family ID** - A unique, system generated identifier for the family/economic unit. This field is mandatory and can be chosen from a list of values. The list is reduced to only allow the selection of families with at least one proxy defined. For more information, refer to the Family Information window.

### Proxy 1

**Last Name** - The last name of the first authorized representative. This field is display only.

**First Name** - The first name of the first authorized representative. This field is display only.

**MI 1** - The first middle initial of the first authorized representative. This field is display only.

**MI 2** - The second middle initial of the first authorized representative. This field is display only.

### Proxy 2



**Last Name** - The last name of the second authorized representative. This field is display only.

**First Name** - The first name of the second authorized representative. This field is display only.

**MI 1** - The first middle initial of the second authorized representative. This field is display only.

**MI 2** - The second middle initial of the second authorized representative. This field is display only.

*Fields (Participant section)*

**Client Id** - The unique identification number for a Participant. This field is display only.

**Last Name** - The last name of the Participant. This field is display only.

**First Name** - The first name of the Participant. This field is display only.

**MI 1** - The first middle initial of the Participant. This field is display only.

**MI 2** - The second middle initial of the Participant. This field is display only.

**Birth Date** - The birth date of the Participant. This field is display only.

**Category** - The current category of Participant. This field is display only.

**Print** - A check box that indicates a proxy form for the associated participant should be printed. This field is optional and defaults to checked.

**Section 2 - 4.1.6.2 : CSF Proxy Form - English/Spanish****FOOD PLUS / COMMODITY SUPPLEMENTAL FOOD PROGRAM  
PERMISSION TO PICK UP FOOD PACKAGE**

If you are unable to pick up your food package, complete this form and send your yellow ID card and this form with a responsible person who can pick up for you. All blank fields are required. Food Bank staff will check both signatures.

Date: <u>MM/DD/YYYY</u> Month/Day/Year	Please let : <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</u> Print name of person picking up for you.
pick up my Food Plus / Commodity Supplemental Food Program food package for: _____ <div style="text-align: right;">Month / Year</div>	
My signature: _____ <div style="text-align: center;">Sign your name here</div>	
My representative's signature: _____ <div style="text-align: center;">Person picking up for you must sign here</div>	
Staff / Volunteer: _____ Pick up location: _____ (By signing, you have checked signatures of both participant and person picking up food package.)	

**PROGRAMA DE FOOD PLUS / CSFP  
PERMISO DE RECOGER LA DISPENSA DE COMIDA**

Si no puede recoger su dispensa de comida, llena esta forma y mande con su tarjeta amarilla con una otra persona. Debe de llenar todos los espacios vacios. Los empleados de Food Plus verificaran las dos firmas.

Fecha: <u>MM/DD/YYYY</u> Mes/Dia/Año	Favor de permitir a: <u>XXXXXXXXXXXX XXXXXXXXXXXXXXXX</u> Nombre de la otra persona
que reciba mi dispensa de comida para: _____ <div style="text-align: right;">Mes / Año</div>	
Mi firma: _____ <div style="text-align: center;">Firma su nombre aqui</div>	
Firma de la otra persona / representante: _____ <div style="text-align: center;">La persona que reoja la comida firma aqui</div>	
Empleado/ Voluntario: _____ Local para recoger: _____ (Al firmar, usted indica que estas firmas son igual.)	

**Figure 189 - CSF Proxy Form - English/Spanish**

**Section 2 - 4.1.6.3 : WIC Proxy Form - English/Spanish**

<b>PROXY CERTIFICATION</b> <b>ARIZONA WIC PROGRAM</b>	<b>CERTIFICADO DE AUTORIDAD</b> <b>PROGRAMA WIC DE ARIZONA</b>																																								
<p><b>I, </b><u>XXXXXXXXXXXXXXXXXXXX</u><b> understand that I will be allowed to accept WIC drafts</b>  Printed name of proxy  <b>and buy WIC authorized foods for:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"><u>XXXXXXXXXXXXXXXXXXXX</u></td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"><u>XXXXXXXXXXXXXXXXXXXX</u></td> </tr> <tr> <td style="text-align: center;">Participant's Name</td> <td style="text-align: center;">Participant's Name</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><u>XXXXXXXXXXXXXXXXXXXX</u></td> <td style="border-bottom: 1px solid black; text-align: center;"><u>XXXXXXXXXXXXXXXXXXXX</u></td> </tr> <tr> <td style="text-align: center;">Participant's Name</td> <td style="text-align: center;">Participant's Name</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><u>XXXXXXXXXXXXXXXXXXXX</u></td> <td style="border-bottom: 1px solid black; text-align: center;"><u>XXXXXXXXXXXXXXXXXXXX</u></td> </tr> <tr> <td style="text-align: center;">Participant's Name</td> <td style="text-align: center;">Participant's Name</td> </tr> </table> <p><b>I also understand that I must follow all WIC rules including:</b></p> <ul style="list-style-type: none"> <li>shop only at WIC authorized stores</li> <li>buy only the foods listed on the draft</li> <li>give all foods bought to the participant</li> <li>save the receipts for the foods bought and give them to the participant, and</li> <li>use the drafts only during the dates in which they are valid.</li> </ul> <p><b>Finally, I understand that misuse of drafts is against the law and that offenders will be prosecuted.</b></p> <p><b>The undersigned person is authorized to accept and use WIC drafts</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>From</b> _____</td> <td style="width: 50%;"><b>To</b> _____</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Proxy signature</td> <td style="border-bottom: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Signature of clinic staff</td> <td style="border-bottom: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Printed name and title of clinic staff</td> </tr> </table>	<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>	Participant's Name	Participant's Name	<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>	Participant's Name	Participant's Name	<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>	Participant's Name	Participant's Name	<b>From</b> _____	<b>To</b> _____	Proxy signature	Date	Signature of clinic staff	Date	Printed name and title of clinic staff		<p><b>Yo, </b><u>XXXXXXXXXXXXXXXXXXXX</u><b> comprendo que seré permitido aceptar los cheques de</b>  Nombre (de letra de imprenta) de la persona recibiendo autoridad</p> <p><b>WIC y comprar los alimentos autorizados por WIC para:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"><u>XXXXXXXXXXXXXXXXXXXX</u></td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"><u>XXXXXXXXXXXXXXXXXXXX</u></td> </tr> <tr> <td style="text-align: center;">Nombre de participante</td> <td style="text-align: center;">Nombre de participante</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><u>XXXXXXXXXXXXXXXXXXXX</u></td> <td style="border-bottom: 1px solid black; text-align: center;"><u>XXXXXXXXXXXXXXXXXXXX</u></td> </tr> <tr> <td style="text-align: center;">Nombre de participante</td> <td style="text-align: center;">Nombre de participante</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><u>XXXXXXXXXXXXXXXXXXXX</u></td> <td style="border-bottom: 1px solid black; text-align: center;"><u>XXXXXXXXXXXXXXXXXXXX</u></td> </tr> <tr> <td style="text-align: center;">Nombre de participante</td> <td style="text-align: center;">Nombre de participante</td> </tr> </table> <p><b>Ademas comprendo que debo seguir las reglas de WIC incluyendo:</b></p> <ul style="list-style-type: none"> <li>comprar solo en las tiendas autorizadas por WIC</li> <li>comprar solo los alimentos apuntados en el cheque</li> <li>dar todos los alimentos al participante</li> <li>obtener los recibos de la tienda de los alimentos comprados y entregarlos al participante</li> <li>usar los cheques solamente durante el tiempo en el que son válidos</li> </ul> <p><b>Finalmente comprendo que el uso impropio de los cheques es contra la ley y los ofensores serán sujeto a la prosecución.</b></p> <p><b>La persona firmante es autorizada para aceptar y usar los cheques de WIC</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Desde</b> _____</td> <td style="width: 50%;"><b>Hasta</b> _____</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Firma de autorizado(a)</td> <td style="border-bottom: 1px solid black; text-align: center;">Fecha</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Firma de personal de la clinica</td> <td style="border-bottom: 1px solid black; text-align: center;">Fecha</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; text-align: center;">Nombre en letra de imprenta y titulo de personal de la clinica</td> </tr> </table>	<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>	Nombre de participante	Nombre de participante	<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>	Nombre de participante	Nombre de participante	<u>XXXXXXXXXXXXXXXXXXXX</u>	<u>XXXXXXXXXXXXXXXXXXXX</u>	Nombre de participante	Nombre de participante	<b>Desde</b> _____	<b>Hasta</b> _____	Firma de autorizado(a)	Fecha	Firma de personal de la clinica	Fecha	Nombre en letra de imprenta y titulo de personal de la clinica	
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Signature of clinic staff	Date																																								
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<b>Desde</b> _____	<b>Hasta</b> _____																																								
Firma de autorizado(a)	Fecha																																								
Firma de personal de la clinica	Fecha																																								
Nombre en letra de imprenta y titulo de personal de la clinica																																									

**Figure 190 - WIC Proxy Form - English/Spanish**

*Sort Criteria*

None

*Calculation(s)*

None.

*Background Process(es)*

When the printer icon is pushed, the following message is displayed to the user, 'Proxy pickups should be limited to one month issuances, please update the pick up interval for each participant in this family to 1.'

The generation of this form is logged in the Participant's record as a communication.

## **Enrollment and Certification**

**Section 2 - 4.1.7** : Verification of Certification

**Priority:** Required

**Window:** Verification of Certification

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window will allow the user to produce a document to provide proof of WIC program certification for a Participant.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.1.7.1 : Verification of Certification Criteria**

CR\_VERIF\_OF\_CERT: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: VERIFICATION OF CERTIFICATION

Output Device: PREVIEW

Filename:

Number of Copies: 1

Client: 16070701105

**Figure 191** - Verification of Certification Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to.

**Filename** - The user may enter the name of a file that the report is to be saved in here.

**Number of Copies** - The user may enter in the number of copies of this report to be generated.

**Client** - The unique identification number to identify a Participant.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.1.7.2 : Verification of Certification Form**

**Arizona WIC Program  
Verification of Certification**

Participant Name: XXXXX XXXXXX

Category: XXXXXXXXXXXX

Birth Date: MM/DD/YYYY

Participant ID: ZZZZZZZZ

Certification Date: MM/DD/YYYY

Certification End Date: MM/DD/YYYY

Priority: Z

EDD/Delivery Date: MM/DD/YYYY

Nutritional Risk Criteria:   XXX  
                                       XXX  
                                       XXX

Measurement Date: MM/DD/YYYY

Height: Z9 in.

Weight: ZZ9 lbs

Bloodwork Date:   MM/DD/YYYY

HGB: ZZ

HCT: ZZ

Date of Last FI Issuance: MM/DD/YYYY

Family Size: Z

Income History:

Income Determination Date

MM/DD/YYYY

MM/DD/YYYY

\_\_\_\_\_  
Signature of LA Representative\_\_\_\_\_  
Print Name

Local Agency Code/Name:

Z9 XXXXXXXXXXXXX

Address:

ZZ9 XXXXXXXXXXXXXXXX  
XXXXXXXXXX, XX ZZZZ

Phone Number:

(ZZZ) ZZZ-ZZZ9

*Consent for Release of Information**I authorize the Arizona WIC Program to release the above information.*\_\_\_\_\_  
Client Signature\_\_\_\_\_  
Date**Figure 192 - Verification of Certification Report**

*Sort Criteria*

None

*Calculation(s)*

None.

*Background Process(es)*

Producing this form does not terminate the participant.

The generation of this form is logged in the Participant's record as a communication.



## **Enrollment and Certification**

**Section 2 - 4.1.8** : Voter Registration Questionnaire

**Priority:** Required

**Window:** Voter Registration Questionnaire

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window allows the user to issue a voter registration questionnaire for a family unit.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.1.8.1 : Voter Registration Questionnaire Criteria

Family ID	Authorized Rep1 Last Name	Authorized Rep1 First Name	MI1 MI2

**Figure 193** - Voter Registration Questionnaire Criteria

### *Fields*

**Family ID** - A unique, system generated identifier for the family economic unit. This field is mandatory.

**Authorized Rep1 Last Name** - The last name of the authorized representative. This field is display only.

**Authorized Rep1First Name** - The first name of the authorized representative. This field is display only.

**MI 1** - The first middle initial of the authorized representative. This field is display only.

**MI 2** - The second middle initial of the authorized representative. This field is display only.

**Section 2 - 4.1.8.2 : Voter Registration Questionnaire Form - English/Spanish****OFFER OF VOTER REGISTRATION**

Applying to register to vote or declining to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Do you wish to register? \_\_\_\_\_ yes \_\_\_\_\_ no

**IF YOU DO NOT CHECK EITHER LINE, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

If you would like help filling out the voter registration application form, we will help you or you may fill out the application form in private. You may take the form with you and mail it to the county recorder yourself or you may complete the registration here and deposit it in the box provided.

If you choose to register to vote here, the information regarding the location of the agency where the registration took place will remain confidential. If you choose not to register to vote at this time, that information will remain confidential.

\_\_\_\_\_  
SIGNATURE OF CLIENT (or initials of staff person)

\_\_\_\_\_  
Date

-----  
If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

State Elections Officer  
Secretary of State's Office  
1700 West Washington  
Phoenix, Arizona 85007  
(602) 542-8683

**OFERTA DE REGISTRO DE VOTANTES**

El solicitar su registro para votante o el rehusarse a votar no afectará la cantidad de asistencia que Ud. recibirá de esta agencia.

Si UD. no está registrado para votar donde Ud. vive actualmente, ¿le gustaría hacer una solicitud aquí ahora para poder votar?

¿Desea UD. registrarse para votar? \_\_\_\_\_ si \_\_\_\_\_ no

**SI UD. NO MARCA NINGUNA LINEA, SE CONSIDERARA QUE UD. DECIDIO NO REGISTRARSE PARA VOTAR AHORITA.**

Si Ud. necesita ayuda llenando su solicitud de registro de votante, nosotros podemos ayudarle o puede usted llenar la solicitud en privado. Ud. puede llevarse la forma y enviársela Ud. mismo por correo al secretario del condado o puede completar la solicitud y depositarla en la caja que proporcionamos.

Si Ud. se decide a registrarse para votar aquí, la información acerca de la agencia donde se efectuó el registro permanecerá confidencial. Si Ud. decide no registrarse para votar ahora, la información permanecerá confidencial.

\_\_\_\_\_  
FIRMA DEL CLIENTE (o iniciales del miembro del personal)

\_\_\_\_\_  
Fecha

-----  
Si Ud. piensa que alguien ha interferido con su derecho de registrarse para votar, de rehusarse a votar, su derecho a privacidad en decidir si se registra o solicita el registro para votar, o su derecho para escoger su propio partido político u otra preferencia política, Ud. puede registrar una queja con:

Oficial Estatal de Elecciones  
Oficina de Secretario de Estado  
1700 West Washington  
Phoenix, Arizona 85007  
(602) 542-8683

**Figure 194 - Voter Registration**

*Sort Criteria*

None

*Calculation(s)*

None.

*Background Process(es)*

The generation of this form is logged in the Participant's record as a communication.

## **Enrollment and Certification**

**Section 2 - 4.1.9** : CSF Program Referral Notice

**Priority:** Required

**Window:** CSF Program Referral Notice

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window allows the user to capture the required information to generate a referral notice for CSF participants.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.1.9.1 : CSF Program Referral Notice Criteria

The screenshot shows a software window titled "Arizona WIC Program - [CSF Referral Notice]". The window contains a menu bar with options: File, Edit, Item, Record, Query, Window, Help. Below the menu bar is a toolbar with various icons. The main content area is divided into two sections: "Client" and "Referrals".

The "Client" section contains the following fields:

Client ID	Last Name	First Name	MI1	MI2
[Yellow box]	[Blue arrow icon]			

The "Referrals" section contains a table with the following columns:

ID	Program	ID	Outreach Organization	Print
[Yellow box]	[Blue arrow icon]	[Yellow box]	[Blue arrow icon]	<input checked="" type="checkbox"/>
[Yellow box]	[Blue arrow icon]	[Yellow box]	[Blue arrow icon]	<input type="checkbox"/>
[Yellow box]	[Blue arrow icon]	[Yellow box]	[Blue arrow icon]	<input type="checkbox"/>

The status bar at the bottom of the window displays the text: "Enter a query: press F8 to execute, Ctrl+q to cancel. Record: 1/1 Enter-Query List of Values: <OSC> <DBG>".

**Figure 195** - CSF Program Referral Notice Criteria

### *Fields (Participant section)*

**Client ID** - The unique identification number for a Participant. This field is mandatory.

**Last Name** - The last name of the Participant. This field is display only.

**First Name** - The first name of the Participant. This field is display only.

**MI 1** - The first middle initial of the Participant. This field is display only.

**MI 2** - The second middle initial of the Participant. This field is display only.

### *Fields (Referral section)*

**ID** - The unique identification number for a program. This field can be selected from the list of values. For more information, refer to the Programs table in Operations Management. This field is mandatory.

**Program** - The name of the program this Participant is being referred to. This field is display only.

**Outreach Organization ID** - The unique identification number for an outreach organization. This field can be selected from the list of values. For more information, refer to the Outreach/Referrals table in Operations Management. This field is mandatory.

**Outreach Organization** - The name of the outreach organization this program is associated with. This field is display only.

**Print** - A check box that indicates a referral form for the associated program should be printed. This field is optional and defaults to checked.

**Section 2 - 4.1.9.2 : CSF Program Referral Notice Form****CSF PROGRAM REFERRAL NOTICE**

MM/DD/YYYY

XXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

To whom it may concern:

I would like to refer the following person to your program:

XXXXXXXXXXXXXXXXXXXX XXXXXXXX  
XXXXXXXXXX XX  
XXXXXXXX, XX ZZZZ9

Ph.: (ZZZ) ZZZ-ZZZ9

They have been a participant in the CSF Program and may benefit from the services provided by your program.

If you need more information or have any questions, please call your local CSF Program location at (ZZZ) ZZZ-ZZZ9

Thank you.

**Figure 196 - CSF Program Referral Notice**

*Sort Criteria*

None

*Calculation(s)*

None.

*Background Process(es)*

The generation of this form is logged in the Participant's record as a communication.



## **Enrollment and Certification**

**Section 2 - 4.1.10** : CSF Notice to Reapply

**Priority:** Required

**Window:** CSF Notice to Reapply

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window allows the user to capture the required information to generate a notice to reapply for CSFP.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

### Section 2 - 4.1.10.1 : CSF Notice to Reapply Criteria

Arizona WIC Program - [CSF Notice to Reapply]

File Edit Item Record Query Window Help

Language: **ENGLISH**

**Client**

Client ID	Last Name	First Name	MI1	MI2

Record: 1/1 <ESC> <DBG>

**Figure 197** - CSF Notice to Reapply Criteria

#### *Fields*

**Language** - The language the notice should be printed in, either English or Spanish. This field is mandatory.

**Client Id** - The unique identification number for a Participant. This field is mandatory.

**Last Name** - The last name of the Participant. This field is display only.

**First Name** - The first name of the Participant. This field is display only.

**MI 1** - The first middle initial of the Participant. This field is display only.

**MI 2** - The second middle initial of the Participant. This field is display only.

## Section 2 - 4.1.10.2 : CSF Notice to Reapply Form - English

<div style="border-bottom: 1px solid black; padding-bottom: 5px;">XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</div>				
Participant's Name				
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</div>			<div style="border-bottom: 1px solid black; padding-bottom: 5px;"><i>ZZZZZZZ</i></div>	
Address			Identification Number	
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">XXXXXXXXXXXX</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;">XX</div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"><i>ZZZZ</i></div>	<b>PG</b>	<b>PP</b>
City	State	Zip Code	Category	<b>BF CH EL</b>

You were certified for this program MM/DD/YYYY. The last month in which you can pick up your food from this program will be MM/DD/YYYY. In order to receive more food, you must apply again.

- ☎ Please call (ZZZ) ZZZ-ZZZ to make an appointment. If your child is under the age of five, **you may request to have a WIC screening appointment.**
- ☎ An appointment has been made for you on: \_\_\_\_\_.

Please come to the following location: XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**When you come to your appointment, you must bring proof of current address and proof of total household gross income. If the appointment is for WIC, you must also bring the child with you to the appointment.**

I understand what I need to do in order to continue in the Food Plus / CSF Program.

Signature: Authorized Representative

Date \_\_\_\_\_

Signature: Local Agency Representative

---

Date \_\_\_\_\_

“Food Plus is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age, or disability should write to the Secretary of Agriculture, USDA, Washington, DC 20250.”

**Figure 198 - CSF Notice to Reapply Form - English**

**Section 2 - 4.1.10.3 : CSF Notice to Reapply Form - Spanish**

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

Nombre del participante

XXXXXXXXXXXXXXXXXXXX

Dirección

ZZZZZZZZ

Numero de identificación

XXXXXXXXXXXX

Ciudad

XX

Estado

ZZZZ

Zona Postal

PG PP BF CH EL

Categoría

Usted fue certificado para este programa MM/DD/YYYY. El ultimo mes que puede recibir la comida del programa sera MM/DD/YYYY. Para que usted puede seguir recibiendo mas comida, necesita poner una aplicación otra ves.

☎ Lame (ZZZ) ZZZ-ZZZZ para una cita, por favor. Si su niño tiene menos de cinco años, **es posible para usted hacer una cita para WIC.**

☎ Se ha reservado una cita para usted el: \_\_\_\_\_.

Favor de venir a la dirección indicado: XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

**Cuando vaya a la cita, tiene que traer comprobante de dirección atual y comprobante del ingreso económico total en el hogar. Si la cita es para WIC, tiene que traer su niño con usted a la cita.**

Yo comprendo que necesito hacar para seguir en el programa.

Firma del participante

Fecha

Firma del representante de la agencia

Fecha

“Food Plus es un prgrama de oportunidad igual. Si una persona piensa que se ha discriminado en contra de el por razón de raza, color, origen nacional, sexo, edad, o inhabilidad, deberá escribir al Secretary of Agriculture, USDA, Washington, DC 20250.”

**Figure 199 - CSF Notice to Reapply - Spanish**

*Sort Criteria*

None

*Calculation(s)*

None.

*Background Process(es)*

This form is produced automatically through the end of day process 6 weeks prior to the end of the certification period. When printed through end of day, the language printed is dependant on the language chosen on the Family Information window.

The generation of this form is logged in the Participant's record as a communication.

## **Enrollment and Certification**

### **Section 2 - 4.1.11 : Waiting List Notification**

**Priority:** Required

**Window:** Waiting List Notification Criteria

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window allows the user to capture the required information to generate a WIC or CSF Waiting List Notification.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.1.11.1 : Waiting List Notification Criteria

Arizona WIC Program - [Waiting List Notification]

File Edit Item Record Query Window Help

Language: **ENGLISH** Program: **WIC**

**Client**

Client ID	Last Name	First Name	MI1	MI2

Record: 1/1 <OSC> <DBG>

**Figure 200** - Waiting List Notification Criteria

### *Fields*

**Language** - The language the notice should be printed in, either English or Spanish. This field is mandatory.

**Program** - The program the notice should be printed for, either WIC or CSF. This field is mandatory.

**Client Id** - The unique identification number for a Participant. This field is mandatory.

**Last Name** - The last name of the Participant. This field is display only.

**First Name** - The first name of the Participant. This field is display only.

**MI 1** - The first middle initial of the Participant. This field is display only.

**MI 2** - The second middle initial of the Participant. This field is display only.

**Section 2 - 4.1.11.2 WIC Waiting List Notification Form - English**

## ARIZONA WIC PROGRAM WAITING LIST NOTIFICATION

XXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX  
 Print Applicant's Name Last, First

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 XXXXXXXXXXXXXXXX XX ZZZZ  
 City State Zip Code

(ZZZ) ZZZ-ZZZZ  
 Telephone Number with Area Code

Home ☐ Message ☐

<b>This section for clinic use only.</b>							
0	1	2	3	4	5	6	7
(Circle Potential / Actual Priority)							
_____ (Date Placed on Waiting List)							
Pregnant Breastfeeding Postpartum Infant Child (Circle Potential / Actual Category)							
Complete with: _____ Infant / Child = Date of Birth  <div style="text-align: center;">or</div> Pregnant = Estimated Date of Delivery  <div style="text-align: center;">or</div> Postpartum / Breastfeeding = Date Pregnancy Ended							
Referral to health and/or food/public assistance program: Yes No							

It has been determined that you may meet the criteria to participate in the Arizona WIC Program. Unfortunately at this time funding is not available to provide services to all the applicants who may qualify. You are being placed on a waiting list and will be notified when it is possible for you to apply for program benefits.

If you wish to appeal this decision, you must request a fair hearing or an informal meeting (show cause) within 60 calendar days from the date on this form. Local agency staff may assist you in making your request in writing.

A request for a fair hearing is addressed to the **Director, Arizona Department of Health Services, 1740 West Adams, Phoenix, AZ 85007.**

A request for a show cause meeting is addressed to the local agency program director.

If you choose, you may be represented by a relative, friend, legal counsel or other spokesperson. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

WIC is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age or disability should write to the **Secretary of Agriculture, United States Department of Agriculture, Washington, D.C. 20250.**

\_\_\_\_\_  
 Participant Signature Date

\_\_\_\_\_  
 Signature and Title of Clinic Staff Date

Original copy - applicant  
 Second copy - file

**Figure 201 - WIC Waiting List Notification Form - English**



## Section 2 - 4.1.11.3 : CSF Waiting List Notification Form - English

**ARIZONA FOOD PLUS / COMMODITY SUPPLEMENTAL FOOD PROGRAM  
WAITING LIST NOTIFICATION**

FOR CLINIC USE ONLY			
Wait List Date: <u>MM/DD/YYYY</u>	DOB: <u>MM/DD/YYYY</u>	CIRCLE CATEGORY	
Referral to health and/or food/public assistance program: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PG <u>MM/DD/YYYY</u> EDD	CH	
Language Spoken/Read <input type="checkbox"/> Eng <input type="checkbox"/> Spa <input type="checkbox"/> Other _____	BF   PP <u>MM/DD/YYYY</u> DATE PREGNANCY ENDED	EL <input type="checkbox"/> HB <input type="checkbox"/> NHB	

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX X X  
 Print Applicant's Name (Last, First, Middle)

XX  
 Mailing Address

XXXXXXXXXXXXXXXXXXXX      XX      ZZZZ  
 City      State      Zip Code

(ZZZ) ZZZ-ZZZZ      \_\_\_\_\_  
 Telephone Number with Area Code      Alternative Phone Number / Name of Contact Person

☐Home Phone   ☐Work Phone   ☐Message Phone   ☐Pager   ☐No Phone   Comments:

It has been determined that you may meet the criteria to participate in the Arizona Food Plus / CSF program. Unfortunately, at this time funding is not available to provide services to all the applicants who may qualify. You are being placed on a Waiting List and will be notified when it is possible for you to apply for Program benefits.

If you wish to appeal this decision, you must request a fair hearing or an informal meeting (show cause) within 60 calendar days from the date indicated on this form. Local agency staff may assist you in making your request in writing.

Address your request for a show cause meeting to the local agency Program director.

Address your request for a fair hearing to the **Director, Arizona Department of Health Services, 1740 West Adams, Phoenix AZ 85007.**

If you choose, you may be represented by a relative, friend, legal counsel, or other spokesperson. Although you have the right to be represented by legal counsel, this must be at your own expense. An attorney will not be provided for you.

Food Plus / CSFP is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age, or disability should write to the **Secretary of Agriculture, US Department of Agriculture, Washington, DC 20250.**

Signature and Title of Clinic Staff

Date \_\_\_\_\_

**Figure 202 - CSF Waiting List Notification, English**

**Section 2 - 4.1.11.4 : CSF Waiting List Notification Form – Spanish**

**PROGRAMA DE FOOD PLUS / CSFP DE ARIZONA**  
**AVISO DE LISTA ESPERA**

FOR CLINIC USE ONLY		
Wait List Date: <u>MM/DD/YYYY</u>	DOB: <u>MM/DD/YYYY</u>	CIRCLE CATEGORY
Referral to health and/or food/public assistance program: <input type="checkbox"/> Yes <input type="checkbox"/> No	PG <u>MM/DD/YYYY</u> EDD	CH
Language Spoken/Read <input type="checkbox"/> Eng <input type="checkbox"/> Spa <input type="checkbox"/> Other _____	BF PP <u>MM/DD/YYYY</u> DATE PREGNANCY ENDED	EL <input type="checkbox"/> HB <input type="checkbox"/> NHB

XX  
 Apellido, Nombre del Solicitante en letra de molde

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 Domicilio Postal

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX ZZZZ  
 Ciudad Estado Zonal

(ZZZ) ZZZ-ZZZZ \_\_\_\_\_  
 Num. De Teléfono con el código de área Otro número de tel. / Nombre de la persona de contacto

☐ Casa ☐ Trabajo ☐ Mensaje ☐ Dispositivo de llamada ☐ No tiene un teléfono Comentarios:  
 \_\_\_\_\_

Se ha determinado que usted podría calificar para el Programa de Food Plus / CSFP de Arizona. Desafortunadamente, en estos momentos no hay fondos para ofrecer servicios a cada solicitante que podría calificar. Su nombre se ha puesto en la lista de espera, y se le avisará en el momento oportuno cuando usted pueda solicitar beneficios del programa.

Si desea apelar esta decisión, puede pedir audiencia imparcial o asamblea informal (mostrar causa) dentro de 60 días de calendario a partir de la fecha en este formulario. El personal de la agencia local le podrá ayudar para hacer su petición por escrito.

Envíe su petición de asamblea para mostrar causa al director del programa de la agencia local.

Envíe su petición de audiencia imparcial a: **Director, Arizona Department of Health Services, 1740 West Adams Phoenix, Arizona 85007.**

Le puede representar un pariente, amigo, asesor legal u otra persona de su preferencia. Usted tiene derecho a representación legal, pero usted tiene que pagar los gastos. No le será provisto un abogado.

Food Plus / CSFP es un programa con igualdad de oportunidades. Las personas que crean que se les ha discriminado a causa de raza, color, origen nacional, sexo, edad o incapacidad deben escribir a: **Secretary of Agriculture, US Department of Agriculture, Washington, DC 20250.**

**Figure 203 - CSF Waiting List Notification, Spanish**

**Section 2 - 4.1.11.5 : WIC Waiting List Notification Form - Spanish****Programa de WIC en Arizona  
Aviso de Lista de Espera**

---

nombre de solicitante apellido primero

---

domicilio de correo

---

ciudad estado código postal

---

número telefónico con área

- ☐ casa  
☐ mensajes

Se ha determinado que usted llena los requisitos para poder participar en el Programa de WIC de Arizona. Infelizmente, no hay fondos disponibles en la actualidad para proveer beneficios a todos los solicitantes quienes califican. Su nombre se coloca en la lista de espera y se le notificará cuando le es posible solicitar los beneficios del programa.

Si usted desea apelar esta decisión, debe solicitar una *audiencia* o una *junta para mostrar causa* dentro de sesenta (60) días desde la fecha indicado en este formulaio. El personal de la agencia local puede ayudarle hacer la solicitud por escrito.

La solicitud para una *audiencia* se presenta al:

Director, Arizona Department of Health Services  
1740 W. Adams  
Phoenix, AZ 85007

La solicitud para una *junta para mostrar causa* se presenta al director del programa de la agencia local.

Usted tiene el derecho de representarse o ser representado por un pariente, un amigo, un asesor legal u otro portavoz. Aunque usted tiene el derecho de ser representado por un asesor legal, debe reconocer que usted sufraga el gasto. No se le proveerá asistencia legal ni abogado.

WIC es un programa que ofrece oportunidad igual a todos. Para presentar una queja de discriminación sobre la base de raza, color, origen nacional, género, religión, edad, o impedimentos sírvase escribir a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, DC 20250-9410

Firma del solicitante\_\_\_\_\_ fecha\_\_\_\_\_

Firma y título del personal\_\_\_\_\_ fecha\_\_\_\_\_

**Figure 204 - WIC Waiting List Notification Form - Spanish**

*Sort Criteria*

None

*Calculation(s)*

None.

*Background Process(es)*

The generation of this form is logged in the Participant's record as a communication. When producing this form for CSF the system also generates an Adverse Action Appeals form. For more information, see the Appeal Procedures form.

## **Enrollment and Certification**

### **Section 2 - 4.1.12 : Waiting List Enrollment Notification**

**Priority:** Required

**Window:** Waiting List Enrollment Notification

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window allows the user to capture the required information to generate a CSF or WIC Waiting List Enrollment Notification.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.1.12.1 : Waiting List Enrollment Notification Criteria

Arizona WIC Program - [Waiting List Enrollment Notification]

File Edit Item Record Query Window Help

Language: **ENGLISH** Program: **WIC**

**Client**

Client ID	Last Name	First Name	MI1	MI2

Record: 1/1 <OSC> <DBG>

**Figure 205** - Waiting List Enrollment Notification Criteria

### *Fields*

**Language** - The language the notice should be printed in, either English or Spanish. This field is mandatory.

**Program** - The program that the notice should be printed for, either WIC or CSF. This field is mandatory.

**Client Id** - The unique identification number for a Participant. This field is mandatory.

**Last Name** - The last name of the Participant. This field is display only.

**First Name** - The first name of the Participant. This field is display only.

**MI 1** - The first middle initial of the Participant. This field is display only.

**MI 2** - The second middle initial of the Participant. This field is display only.

**Section 2 - 4.1.12.2 : CSF Waiting List Enrollment Notification Form - English****FOOD PLUS / CSFP SENIOR WAITING LIST ENROLLMENT NOTIFICATION**Date: MM/DD/YYYYApplicant's Name: XXAddress: XX Apt. No: \_\_\_\_\_City: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XX Zip Code: ZZZZ

You were placed on the waiting list for the Food Plus/CSF Program on MM/DD/YYYY.  
At that time we were not able to enroll you in the program. This letter is to inform you that it may now be possible for you to be enrolled and begin receiving program benefits.

If you are still interested in participating in the Food Plus/CSF Program, you must contact the closest WIC and Food Plus/CSFP office in your area and make an appointment to be screened for eligibility.

The requirements for this program specify that you must be at least 60 years of age and meet Federal income guidelines. **Therefore, when you come to your appointment you must provide identification and proof of total household income.**

Gross household income includes, but is not limited to the following:

- ☐ Wages, salaries, etc. received by any household member
- ☐ Social Security benefits, including amount deducted for Medicare premiums
- ☐ Rent received on property owned
- ☐ Assistance from friends or relatives
- ☐ SSI, Retirements, Pensions, Annuities, Interest Income, or any other income

The closest WIC and Food Plus/CSFP office in your area is:

**Please call (ZZZ) ZZZ-ZZZZ to schedule an appointment.**

Waiting list enrollment notification: 1/99

**Figure 206 - CSF Waiting List Enrollment Notification, English**

**Section 2 - 4.1.12.3 : CSF Waiting List Enrollment Notification Form - Spanish****PROGRAMA DE CSF EN ARIZONA PARA ANCIANOS  
AVISO DE MATRICULACIÓN DE LA LISTA DE ESPERA**Fecha: MM/DD/YYYYNombre de aplicante: XXDirección: XX Apt.:                     Ciudad: XX, XX Código Postal: ZZZZZ

Usted fué puesto en la lista de espera del Programa de Food Plus/CSF en: MM/DD/YYYY. En esta fecha no nos fué posible inscribirlo/a en el programa. Esta Carta es para notificarle que ya es posible registrarse/la y podría empezar a recibir beneficios del programa.

Si todavía está usted interesado/a en participar en el programa de Food Plus/CSF, debe notificarlo a la oficina de WIC y Food Plus/CSF más cercana a su domicilio y hacer una cita de evaluación de elegibilidad.

Los reguistros para este programa especifican que usted debe tener por lo menos 60 años de edad y llenar los requisitos de las guías federales de ingresos. **Por la tanto, cuando venga a su cita deberá mostrar identificación y prueba del ingreso total en su hogar.**

Ingreso total del hogar incluye, pero no se limita a los siguientes:

- ☐ Salarios, pagos, etc. recibidos por alguna persona en el hogar
- ☐ Beneficios del Seguro Social, incluyendo cantidad deducida del Seguro Médico
- ☐ Renta recibida de alguna propiedad
- ☐ Ayuda de amigos o parientes
- ☐ SSI, pensiones, intereses bancarios, y cualquier otro tipo de ingresos

La oficina de WIC y Food Plus/CSFP más cercana a su domicilio es:

**Por favor llamar a: (ZZZ) ZZZ-ZZZZ para hacer una cita.**

**Figure 207 - CSF Waiting List Enrollment Notification, Spanish**



**Section 2 - 4.1.12.4 : WIC Waiting List Enrollment Notification Form - English****WIC WAITING LIST ENROLLMENT NOTIFICATION**

Date: \_\_\_\_MM/DD/YYYY\_\_\_\_

Applicant's Name: \_\_\_\_XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX\_\_\_\_

Address: \_\_\_\_XXXXXXXXXXXXXXXXXXXX\_\_\_\_

Apt no: \_\_\_\_9999\_\_\_\_

City: \_\_\_\_XXXXXXXXXXXXXXXXXXXX\_\_\_\_AZ

Zip Code: \_\_\_\_99999\_\_\_\_

\_\_\_\_XXXXXXXXXXXX XXXXXXXXXXXXXXX\_\_\_\_ was placed on the waiting list for the WIC program on

\_\_\_\_MM/DD/YYYY\_\_\_\_. At that time, we had no openings for persons in that priority. This letter is to inform you that it may now be possible for you to be enrolled and begin receiving program benefits.

If you are still interested in participating in the WIC program, call \_\_\_\_ (999) 999-9999 \_\_\_\_ to make an appointment to be screened for eligibility. The closest WIC clinic is:

Address: XXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX**The applicant must be present at the appointment. Also bring to the appointment:****1. Proof of total household income which includes any and all of the following:**

- ☐ a current AHCCCS, TANF or food stamp approval letter OR
- ☐ a ledger for net income from farm or non- farm self employment OR,
- ☐ a formal letter from employer OR
- ☐ a current bank statement. OR
- ☐ a full 30 days worth of current pay stubs OR
- ☐ unemployment check stubs OR
- ☐ a statement of alimony or child support payments, OR
- ☐ other income

**2. Proof of address. Bring ONE of the following:**

- ☐ driver's license,
- ☐ rent receipt
- ☐ utility bills
- ☐ Other \_\_\_\_\_

**3. Proof of identity. Bring ONE of the following:**

- ☐ Driver's licence
- ☐ Passport
- ☐ Student ID
- ☐ Birth certificate
- ☐ Any picture ID

**Figure 208 - WIC Waiting List Enrollment Notification Form - English**

**Section 2 - 4.1.12.5 : WIC Waiting List Enrollment Notification Form - Spanish**

**Programa de WIC en Arizona**  
**Aviso de Matriculación de la Lista de Espera**

Fecha: \_\_MM/DD/YYYY\_\_

Nombre del Solicitante \_\_XXXXXXXXXXXX, XXXXXXXXXXXXXXX\_\_

Domicilio \_\_XXXXXXXXXXXXXXXXXXXX\_\_ Apt. # \_\_9999\_\_

Ciudad \_\_XXXXXXXXXXXXXXXXXXXX\_\_ AZ. Código postal \_\_99999\_\_

El nombre de \_\_XXXXXXXX, XXXXXXX\_\_ se colocó en la lista de espera para el Program de WIC el \_\_MM/DD/YYYY\_\_. En aquel entonces no se podía atender personas con aquella prioridad. Le estamos notificando mediante esta carta que ahora puede ser posible matricularse y empezar a recibir beneficios del Programa WIC.

Si usted se interesa todavia en participar en el Programa de WIC, sírvase llamar al: \_\_ (999) 999-9999\_\_ para hacer una cita de evaluación preliminar y determinar su elegibilidad. La clínica más cercana es:

Domicilio \_\_XXXXXXXXXXXXXXXXXXXX\_\_  
 \_\_XXXXXXXX, XX 99999\_\_

**El solicitante debe estar presente en la cita y debe traer los siguientes documentos:**

**1. Comprobante del importe total de ingresos de todos los miembros de la casa.**

**Debe traer uno o más de los siguientes documentos:**

- ☐ Comprobante o carta actualizada de elegibilidad de AHCCCS, TANF, o estampillas de comida
- ☐ Libro de cuentas mostrando ingreso neto debido a empleo en el rancho o empleo propio
- ☐ Carta oficial con membrete del patrón
- ☐ Informe oficial del estado de cuentas del banco
- ☐ Talones de cheques cobrados durante los últimos 30 días
- ☐ Talones de cheques del desempleo
- ☐ Declaración y cuenta de pagos de asistencia (alimony), mantenimiento de menores (child support), u otros ingresos

**2. Comprobante de residencia:**

- ☐ Licencia de manejar
- ☐ Factura por servicios públicos
- ☐ Recibo oficial de la renta

**3. Comprobante de identidad:**

- ☐ Licencia de manejar
- ☐ Pasaporte o visa
- ☐ Identificación estudiantil

**Figure 209 - WIC Waiting List Enrollment Notification Form – Spanish**

*Sort Criteria*

None

*Calculation(s)*

None.

*Background Process(es)*

The generation of this form is logged in the Participant's record as a communication.

## **Enrollment and Certification**

**Section 2 - 4.1.13** : Program Counseling/Disqualification

**Priority:** Required

**Window:** Program Counseling/Disqualification Criteria

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:**

This window allows the user to identify and generate a warning letter or a disqualification letter for program abuse for an individual Participant.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.1.13.1 : Program Counseling / Disqualification Criteria

Arizona WIC Program - [Program Counseling / Disqualification]

File Edit Item Record Query Window Help

Language: ENGLISH  
 Program: WIC  
 Form: COUNSELING

**Client**

Client ID	Last Name	First Name	MI1	MI2

Record: 1/1    <OSC> <DBG>

**Figure 210** - Program Counseling / Disqualification Criteria

### Fields

**Language** - The language the notice should be printed in, either English or Spanish. This field is mandatory.

**Program** - The program to generate a Program Counseling or Disqualification notice, either WIC or CSF. This field is mandatory.

**Form** - The name of the form which should be printed, either Counseling or Disqualification. This field is mandatory.

### Fields (Participant section)

**Client Id** - The unique identification number to identify a Participant. This field is mandatory.

**Last Name** - The last name of the Participant. This field is display only.

**First Name** - The first name of the Participant. This field is display only.

**MI1** - The first middle initial of the Participant. This field is display only.

**MI2** - The second middle initial of the Participant. This field is display only.

**Section 2 - 4.1.13.2 : CSF Program Counseling / Disqualification Form - English****ARIZONA FOOD PLUS / COMMODITY SUPPLEMENTAL FOOD PROGRAM  
PROGRAM COUNSELING / SUSPENSION FORM**Participant: XXXXXXXXXXXXXXXXXXXXXXXXXXXX ID Number: ZZZZZZZZ

is suspended from the Food Plus / Commodity Supplemental Food Program

from \_\_\_\_\_ to \_\_\_\_\_.

The participant/authorized representative has violated the following rule(s) of the Arizona Food Plus / Commodity Supplemental Food Program

☐ Dual Participation☐ In WIC and Food Plus / CSFP.\*☐ In Food Plus / CSFP, by receiving more than one food package per participant during the same month, either at the same or different Food Plus / CSFP distribution locations.\*☐ Exchanging and / or selling Food Plus / CSFP foods.\*☐ Abusive behavior towards Food Plus / CSFP staff, associates, food bank or food distribution personnel, volunteers, or other Food Plus / CSFP participants.☐ Intentionally misrepresenting, concealing, or withholding facts to obtain benefits.☐ Other \_\_\_\_\_  
\_\_\_\_\_**\* RESULTS IN IMMEDIATE SUSPENSION FOR PARTICIPANT AND ALL OTHER IMMEDIATE FAMILY MEMBERS ENROLLED IN FOOD PLUS / CSFP.**

I, XXXXXXXXXX XXXXXXXX, have been counseled on the violations of Food Plus / CSFP rules checked and now know the proper procedures to use. I understand that I can have this decision reviewed by the State WIC and Food Plus/CSFP Office. I can request a review by either asking the local program director or writing to the Manager, Community Nutrition Programs Section, Arizona Department of Health Services, 1740 West Adams, Phoenix, Arizona 85007. I also understand that if I do not agree with the results of this review, I can request a Fair hearing by writing to the Director of the Arizona Department of Health Services.

\_\_\_\_\_  
Signature of participant/authorized representative\_\_\_\_\_  
Date**Figure 211 - CSF Counseling / Disqualification - English**

**Section 2 - 4.1.13.3 : CSF Program Counseling / Disqualification Form - Spanish****PROGRAMA DE FOOD PLUS / CSFP DE ARIZONA  
FORMA DE CONSEJO / SUSPENSIÓN**Participante: XXXXXXXXXX XXXXXXXXXXXX Numero de Identificación: ZZZZZZZZ

esta suspendido del Programa de Food Plus / CSFP

de \_\_\_\_\_ hasta \_\_\_\_\_.

El participante/representante autorizado ha violado las siguientes reglas del Programa de Food Plus / CSFP de Arizona:

☐ Participación Dual☐ En los programas de Food Plus / CSFP y WIC al mismo tiempo.\*☐ En el programa de Food Plus / CSFP, si recibe más de una dispensa de comida durante el mismo mes, en la misma localidad o en diferente localidades.\*☐ Cambió o vendió la comida del Programa de Food Plus / CSFP.\*☐ Conducta abusiva hacia a los empleados, trabajadores, socios, personal, o voluntarios del Programa de Food Plus / CSFP o del Banco de Comida, u otros participantes de Food Plus / CSFP.☐ Representación fraudulenta o encubrimiento de información correcta al programa para obtener beneficios.☐ Otra Razón \_\_\_\_\_**\* SUSPENSIÓN INMEDIATA PARA EL PARTICIPANTE Y TODOS LOS MIEMBROS DE LA FAMILIA QUE ESTAN PARTICIPANDO EN EL PROGRAMA DE FOOD PLUS / CSFP.**

Yo, XXXXXXXXXX XXXXXXXXXXXX, he sido aconsejado sobre las violaciones de las reglas del Programa Food Plus / CSFP, y ahora, ya entiendo los procedimientos correctos. Entiendo que esta decisión puede ser revisada por la oficina de Programas de WIC y Food Plus / CSFP del estado de Arizona. Se que puedo pedir un repaso solicitado del director del programa local o si le escribo al Manager, Community Nutrition Programs Section, Arizona Department of Health Services, 1740 West Adams, Phoenix, Arizona 85007. Tambien, comprendo que si no estoy de acuerdo con el resultado de esta revisión, puedo solicitar una audiencia justa escribiendo al Director de Arizona Department of Health Services.

Firma de participante/representante autorizado

Fecha

**Figure 212 - CSF Counseling / Disqualification - Spanish**

**Section 2 - 4.1.13.4 : WIC Counseling Form**

**Arizona WIC Program  
Program Abuse Warning Form**

**Participant:** XXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX **I. D. Number:** 999999999

**Agency:** XXXXXXXXXXXXXXXXXXXXXX **Clinic:** XXXXXXXXXXXXXXXXXXXXXX

**Date:** MM/DD/YYYY **Warning Number:** 1 2 3  
(Circle only one)

You have violated the following WIC Program rule(s). Three violations of any one rule or a combination of these violations within a 12 month period may result in disqualification from receiving the benefits of the WIC Program. If you have a combination of violations with different periods of disqualifications, you shall be disqualified for the maximum period. Other violations may be written out and attached to this form.

**30 calendar days**

- \_\_\_\_\_ Drafts made out for more than the stated limit
- \_\_\_\_\_ Drafts used to purchase unauthorized varieties of WIC foods
- \_\_\_\_\_ Cashing drafts before the "Date Of Issue" or after the "Date Valid To"
- \_\_\_\_\_ Failing to countersign drafts at the time of purchase
- \_\_\_\_\_ Redeeming drafts which were reported lost or stolen
- \_\_\_\_\_ Purchasing formula other than that specified on the draft.

**45 calendar days**

- \_\_\_\_\_ Allowing the drafts or ID folder/transfer card to be used by a person other than the person to whom they were issued
- \_\_\_\_\_ Combining the cost of two (2) or more drafts on one (1) draft.

**60 calendar days**

- \_\_\_\_\_ Threatening physical abuse of clinic staff, vendor staff, or anyone connected with the WIC Program.
- \_\_\_\_\_ Verbally abusing or harassing clinic staff, vendor staff, or anyone connected with the WIC Program.

**75 calendar days**

- \_\_\_\_\_ Redeeming drafts at an unauthorized vendor

**90 calendar days**

- \_\_\_\_\_ Exchanging food purchased with a WIC draft for unauthorized food, non-food items, cash or credit.

I understand the contents of this document. My current violation(s) and/or any further violation of WIC Program rules and regulations can result in disqualification from the WIC Program at this time or at a later date.

This is your \_\_\_\_\_ warning. **Date signed:** \_\_\_\_\_

**Participant/Authorized Representative Name:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

ADHS/WIC-20

**Figure 213 - WIC Counseling Form**



**Section 2 - 4.1.13.5 : WIC Disqualification Form**

**Arizona WIC Program  
Program Disqualification Form**

Participant: XXXXXXXXXX, XXXXXXXXXX I. D. Number: 9999999999

Authorized Representative (if different): XXXXXXXXXXXXX, XXXXXXXXXXXXX

Agency: XXXXXXXXXXXXX Clinic: XXXXXXXXXXXXXXXXXX

I understand that I am being disqualified from the WIC Program from \_\_\_\_\_ until \_\_\_\_\_ (The actual disqualification period is preceded by a 15 day period in which I may file an appeal. Instructions for the appeal process are listed on the back side of this form.)

If I can find another person to act as the authorized representative for my infant(s) and/or child(ren), they will be allowed to remain on the program through the disqualification period. I understand if there is a further incident of program abuse my family will be disqualified from receiving further benefits for the rest of the suspension period.

Attached are the warning forms which I have signed during the past year and/or the violations which are listed below or attached which are serious enough to merit disqualification without prior warning. I have committed or attempted to commit these violations during the last 12 months.

Disqualification without prior warning for a period of **90** calendar days:

- \_\_\_\_\_ Altering a draft to obtain more food (changing the amounts of the foods on the draft);
- \_\_\_\_\_ Altering the dates on the draft in order to use a draft that is not valid;
- \_\_\_\_\_ Exchanging a draft for cash, credit or items not authorized for purchase;
- \_\_\_\_\_ Selling a draft;
- \_\_\_\_\_ Selling WIC authorized foods purchased with a draft;
- \_\_\_\_\_ Stealing a draft;
- \_\_\_\_\_ Knowingly and deliberately misrepresenting any information or circumstances to obtain benefits, e.g., misrepresentation of identity, income, residence, family size, health status, pregnancy, or date of birth);
- \_\_\_\_\_ Knowingly and deliberately participating at two (2) WIC clinics, in two (2) WIC programs or in WIC and CSFP at the same time; and
- \_\_\_\_\_ Physical abuse of clinic staff, vendor staff or anyone connected with the WIC Program

**Participant/Authorized Representative**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(The date on which the participant signs this form must be at least 15 days prior to the first day of disqualification. If a food package is due, a half package may be issued.)  
ADHS/WIC5

**Figure 214 - WIC Disqualification Form**

**Section 2 - 4.1.13.6 : WIC Counseling Form - Spanish**

# Programa de WIC de Arizona

## Aviso de Infracción

**Participante:** \_\_\_\_\_ **Número de Identificación:** \_\_\_\_\_  
**Agencia:** \_\_\_\_\_ **Clínica:** \_\_\_\_\_  
**Fecha:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Número de Aviso:**      1    2    3  
(Indique uno solamente)

Usted ha violado la(s) siguiente(s) regla(s) del Programa de WIC. Tres infracciones de cualquier regla o una combinación de infracciones dentro de un período de doce (12) meses puede resultar en suspensión de beneficios del Programa de WIC. Si usted tiene una combinación de infracciones con períodos diferentes de suspensión, usted será suspendido por el período máximo. Otras infracciones se pueden escribir y adjuntar a esta formulario.

### Suspensión de 30 Dias

- ☐ Usar los cheques por más del límite indicado  
☐ Usar los cheques para comprar marca (de etiqueta) de comidas no autorizadas  
☐ Cobrar los cheques antes de la "Fecha de Emitir" o después de la "Fecha Válida"  
☐ No firmar el cheque al tiempo de hacer la compras  
☐ Cambiar los cheques después los reportarlos perdidos o robados  
☐ Comprar marcas (de etiqueta) de formulas no autorizadas

### Suspensión de 45 Dias

- \_\_\_\_\_ Permitir a otra persona usar los cheques suyos, el folleto de identificación y/o la tarjeta de traslado
- \_\_\_\_\_ Combinar la suma total de dos (2) o más cheques en un (1) solo cheque

### Suspensión de 60 Dias

- \_\_\_\_\_ Amenazar abuso físico al personal de la clínica, personal de la tienda, o cualquier persona asociada con el Programa de WIC
- \_\_\_\_\_ Abusar o acosar verbalmente al personal de la clínica, personal de la tienda, o cualquier persona asociada con el programa de WIC

### Suspensión de 75 Dias

- \_\_\_\_\_ Cobrar los cheques en una tienda no autorizada

### Suspensión de 90 Dias

- \_\_\_\_\_ Cambiar las comidas compradas con cheques de WIC por comidas no autorizadas, o artículos que no sean comida, dinero en efectivo o crédito

Yo entiendo el contenido de este documento. Las infracciones que he cometido y/o otras infracciones de las reglas del program de WIC pueden resultar en descalificación del Programa de WIC en este tiempo o un tiempo futuro.

Este es su \_\_\_\_\_ aviso

Fecha de la firma: \_\_\_\_\_

**Participante/Representante Autorizado:**\_\_\_\_\_

**Firma del Personal:** \_\_\_\_\_

**Figure 215 - WIC Counseling Form – Spanish**

**Section 2 - 4.1.13.7 : WIC Disqualification Form – Spanish****Programa del WIC en Arizona  
Forma de Descalificacion del Programa**

Participante: \_\_\_\_\_, \_\_\_\_\_ Numero de Identificacion: \_\_\_\_\_99999999\_\_\_\_\_

Representante Autorizado (seis diferente): \_\_\_\_\_, \_\_\_\_\_

Agencia: \_\_\_\_\_ Clinica: \_\_\_\_\_

Yo entiendo que me estan descalificando del programa de WIC de hoy \_\_\_\_\_ hasta \_\_\_\_\_ . (El periodo actual de descalificacion es precidido por un periodo de 15 dias en el cual, puedo archiuar una apelacion. Las instrucciones para el proce so de apleacion estan ustadas atras de esta forma.)

Si encuentro, otra persona que actue como el representante autorizado de mi infante y/o de mis nino(s), ellos uan a poder permanecer en el programa por el periodo de mi descalificacion. Yo entiendo que si hay cualquier otra forma de abuso de parte de mi familia seremos descalificados de recurrir beneficios por el resto del periodo de suspension.

Juntos estan las formas de abuso las cuales e firmado en este ano pasado y/o las violaciones las cuales estan listadas abajo o juntas las cuales estan seriamente meritan des descalificacion sin aviso.

Descalificacion sin aviso antes por un periodo de noventa 90 dias:

- \_\_\_\_\_ Alterando un cheque para, obtener mas comida (cambiando la cantidad de comida en el cheque)
- \_\_\_\_\_ Alterando las fechas en el cheque para usar el cheque no valido;
- \_\_\_\_\_ Cambiando un cheque por dinero en efectivo, credito, o articulos no autorizado para comprar.
- \_\_\_\_\_ Vendiendo un cheque.
- \_\_\_\_\_ Vendiendo, comidas autorizadas compradas con un cheque de WIC.
- \_\_\_\_\_ Robando un cheque.
- \_\_\_\_\_ Sabiendo y deliberadamente dando information falsa a circunstancias para, recibir beneficios, ejemplo (dando informacion falsa sobre su identidad, ingreso, residencia, cuantas personas en la familia, estado de salud, embarazo, o fecha de nacimiento).
- \_\_\_\_\_ Sabiendo y deliberadamente participando en dos clinicas de WIC, en dos programas de WIC y CSFP al mismo, tiempo;.
- \_\_\_\_\_ Abuso fisico al personal de la clinica, vendedar o cualquiera persona quetenga que ver con el programa de WIC.

Participante/Representante Autorizado:

\_\_\_\_\_

Date: \_\_\_\_\_

Firma del Personal: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director: \_\_\_\_\_

Date: \_\_\_\_\_

**Figure 216 - WIC Disqualification Form - Spanish**

*Sort Criteria*

None

*Calculation(s)*

None.

*Background Process(es)*

The Disqualification form can only be generated after the participant's record has been updated to include a Disqualification reason in the Termination Window. The Warning Letter can be generated without a disqualification reason in the participant's record.

Each time a WIC Counseling is produced the system also produces the Adverse Action Appeals form, and each time a Disqualification form is produced the system produces a Disqualification Appeals form. See the Appeal Procedures form for the layout of the Appeals form.

When printing a CSF Counseling or Disqualification form the same form is printed regardless of the 'Form' parameter, the system also generates the CSF Adverse Action Appeals form.

The generation of this form is logged in the Participant's record as a communication.

## Enrollment and Certification

### Section 2 - 4.1.14 : Appeal Procedures

**Priority:** Required

**Window:** Appeal Procedures Criteria

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:** This window provides the ability to print a WIC or CSF Adverse Action or Disqualification Appeals Procedures document in either English or Spanish to be distributed to a participant.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

CATEGORY (ASC)

CLIENT APPLICATION DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.1.14.1 : Program Request Criteria**

The screenshot shows a software window titled "Arizona WIC Program - [Program Request Form]". The window has a menu bar with "File", "Edit", "Item", "Record", "Query", "Window", and "Help". Below the menu bar is a toolbar with various icons. The main area of the window contains a form titled "Client". The form has five fields: "Client ID", "Last Name", "First Name", "MI1", and "MI2". The "Client ID" field is highlighted in yellow. The "Last Name" field has a blue arrow icon next to it. The "First Name" field is empty. The "MI1" and "MI2" fields are small boxes. The status bar at the bottom of the window shows "Enter a query: press F8 to execute, Ctrl+q to cancel." and "Record: 1/1".

**Figure 217 – Program Request Criteria***Fields*

**Client Id** - The unique identification number to identify a Participant. This field is mandatory.

**Last Name** - The last name of the Participant. This field is display only.

**First Name** - The first name of the Participant. This field is display only.

**MI1** - The first middle initial of the Participant. This field is display only.

**MI2** - The second middle initial of the Participant. This field is display only.

## Section 2 - 4.1.14.2 : WIC Program Referral Information Request Form – Infant and Child

## Arizona WIC Program Referral/Information Request Form – Infant and Child

Name: 1 Birth date: I

Name of parent or guardian: I

## Consent

I authorize the release of all medical information to the WIC Program.

Yo autorizo la divulgación de toda mi información médica al Programa de WIC.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Information Requested

Date of Measurements \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Hgb/Hct \_\_\_\_\_

Gestational Age\_\_\_\_\_

Medical Conditions:

- |  |   |
|--|---|
| <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Premature Infant               |
| <input type="checkbox"/> Cystic Fibrosis   | <input type="checkbox"/> Intolerance / Allergy to _____ |
| <input type="checkbox"/> IUGR/low weight   | <input type="checkbox"/> Other: _____                   |

Formula Requested

1. Formulas tried and specific reactions:

☐ Similac Advance  
☐ Similac Isomil Advance  
☐ Similac Sensitive  
☐ Others

2. Formula Name: \_\_\_\_\_

3. Form (circle one): POWDER READY to FEED CONCENTRATE  
(Powder will be provided from is not circled)

4. Length of Issuance: \_\_\_\_\_

5. Medical reason for formula: \_\_\_\_\_

6. Special instructions: \_\_\_\_\_

Medical Provider:

Signature \_\_\_\_\_

Date \_\_\_\_\_

---

Printed Name/Title	Telephone
--------------------	-----------

Telephone

**Figure 218 - WIC Program Referral Information Request Form – Infant and Child**

## Section 2 - 4.1.14.3 : WIC Program Referral Information Request Form – Woman

<b>Arizona WIC Program Referral/Information Request Form - Woman</b>	
Name: _____	Birth date: _____

Consent  
 I authorize the release of all medical information to the WIC Program.  
*Yo autorizo la divulgación de toda mi información médica al Programa de WIC.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Information Requested

Expected Delivery Date \_\_\_\_\_ Hgb/Hct \_\_\_\_\_ Date of Hgb/Hct \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Problems During Past Pregnancies (not including current): \_\_\_\_\_

Current Pregnancy Information Requested

Pregnancy Issues:

<input type="checkbox"/> Nausea	<input type="checkbox"/> Gestational Diabetes
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Low Weight Gain
<input type="checkbox"/> Constipation	<input type="checkbox"/> Other: _____

Problem During This Pregnancy: \_\_\_\_\_

Multiple Gestation: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Anticipated or Actual C-Section? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Information: \_\_\_\_\_

Medical Provider:

Signature _____	Date _____
Printed Name/Title _____	Telephone _____

**Figure 219 - WIC Program Referral Information Request Form – Woman**



## Enrollment and Certification

### Section 2 - 4.1.15 : Appeal Procedures

**Priority:** Required

**Window:** Appeal Procedures Criteria

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:** This window provides the ability to print a WIC or CSF Adverse Action or Disqualification Appeals Procedures document in either English or Spanish to be distributed to a participant.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

CATEGORY (ASC)

CLIENT APPLICATION DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.1.15.1 : Appeal Procedures Criteria

Arizona WIC Program - [Appeal Procedures]

File Edit Item Record Query Window Help

Language: ENGLISH  
Program: WIC  
Form: ADVERSE ACTION

**Client**

Client ID	Last Name	First Name	MI1	MI2

Record: 1/1    <OSC> <DBG>

**Figure 219a** - Appeal Procedures Criteria

### Fields

**Language** - The language the notice should be printed in, either English or Spanish. This field is mandatory.

**Program** - The program to generate the Appeals form for, either WIC or CSF. This field is mandatory.

**Form** - The name of the form which should be printed, either Adverse Action or Disqualification. This field is mandatory.

### Fields (Participant section)

**Client Id** - The unique identification number to identify a Participant. This field is mandatory.

**Last Name** - The last name of the Participant. This field is display only.

**First Name** - The first name of the Participant. This field is display only.

**MI1** - The first middle initial of the Participant. This field is display only.

**MI2** - The second middle initial of the Participant. This field is display only.

**Section 2 - 4.1.15.2 : WIC Adverse Action Appeal Procedures Form****Arizona WIC Program  
Appeal Procedures  
Adverse Action**

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within sixty (60) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

**To request a show cause meeting**, submit the request to:

Local Agency WIC Director  
Administrative Office of the Local WIC Agency where you receive benefits  
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have sixty(60) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

**To request a fair hearing**, submit your request to:

Arizona Department of Health Services  
Office of the Director  
1740 W. Adams, Room 407  
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty(20) calendar days before the fair hearing.

**To request for an informal settlement conference**, submit the request in writing to:

Arizona Department of Health Services  
Office of Nutrition Services - Room 203  
WIC Director  
1740 W. Adams  
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

**Figure 219b - WIC Adverse Action Appeal Procedures Form**

**Section 2 - 4.1.15.3 : WIC Disqualification Appeal Procedures Form****Arizona WIC Program  
Appeal Procedures  
Disqualification**

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within fifteen (15) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

**To request a show cause meeting**, submit the request to:

Local Agency WIC Director  
Administrative Office of the Local WIC Agency where you receive benefits  
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have fifteen (15) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

**To request a fair hearing**, submit your request to:

Arizona Department of Health Services  
Office of the Director  
1740 W. Adams, Room 407  
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

**To request for an informal settlement conference**, submit the request in writing to:

Arizona Department of Health Services  
Office of Nutrition Services - Room 203  
WIC Director  
1740 W. Adams  
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

**The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).**

**Figure 219c - WIC Disqualification Appeal Procedures Form**

**Section 2 - 4.1.15.4 : CSF Adverse Action Appeal Procedures Form****Arizona CSF Program  
Appeal Procedures  
Adverse Action**

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within sixty (60) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

**To request a show cause meeting**, submit the request to:

Local Agency CSF Director  
Administrative Office of the Local CSF Agency where you receive benefits  
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

**To request a fair hearing**, submit your request to:

Arizona Department of Health Services  
Office of the Director  
1740 W. Adams, Room 407  
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

**To request for an informal settlement conference**, submit the request in writing to:

Arizona Department of Health Services  
Office of Nutrition Services - Room 203  
CSF Director  
1740 W. Adams  
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

**The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).**

**To file a complaint of discrimination**, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten

**Figure 220 - CSF Adverse Action Appeal Procedures Form**

**Section 2 - 4.1.15.5 : CSF Disqualification Appeal Procedures Form****Arizona CSF Program  
Appeal Procedures  
Disqualification**

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within fifteen (15) calendar days of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought. You may request a show cause meeting or a fair hearing.

A **SHOW CAUSE MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting, concerning the Local Agency's action. A decision is made at the end of the meeting.

**To request a show cause meeting**, submit the request to:

Local Agency CSF Director  
Administrative Office of the Local CSF Agency where you receive benefits  
(Call 1-800-252-5942 for specific name and address)

If you do not wish to request a show cause meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of a show cause meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty-five (45) calendar days following the initial request for the hearing. You have fifteen (15) calendar days, from the date of receipt of this letter to request a fair hearing.

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

**To request a fair hearing**, submit your request to:

Arizona Department of Health Services  
Office of the Director  
1740 W. Adams, Room 407  
Phoenix, AZ 85007

In addition to the fair hearing, pursuant to A. R. S. §41-1092.06, you have the right to request an **INFORMAL SETTLEMENT CONFERENCE**. If you request an informal settlement conference, the agency shall hold the conference within fifteen (15) calendar days after receiving the request. This request must be filed no later than twenty (20) calendar days before the fair hearing.

**To request for an informal settlement conference**, submit the request in writing to:

Arizona Department of Health Services  
Office of Nutrition Services - Room 203  
CSF Director  
1740 W. Adams  
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits during the appeal process until the hearing officer reaches a decision or the certification period ends whichever comes first.

**The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).**

**Figure 221 - CSF Disqualification Appeal Procedures Form**

**Section 2 - 4.1.15.6 : WIC Adverse Action Appeal Procedures Form - Spanish****Programa de WIC de Arizona  
Procedimiento de Apelación  
Acción Adversa**

Si usted no esta de acuerdo con esta decision y desea apelar, registre una solicitud de apelación por escrito, dentro de sesenta (60) dias de recibir este aviso. En la solicitud Ud. debe incluir todos los datos que Ud. cree ameritan consideración para darle derecho a compensación o reparación, y la compensación que Ud. solicita. Usted puede solicitar una junta para mostrar causa o una audiencia.

**La Junta Para Mostrar Causa** es una reunión informal entre Ud., el Director de la Agencia Local, el personal de la Agencia Local implicado, y el representante de la Agencia Estatal, quien presidirá la junta sobre la acción de la agencia local. Se emite la decision al terminar la junta.

**Para solitar la junta para mostrar causa,** presente la solicitud al:

Director de su agencia local del WIC  
Oficina Local de Administracion de la Agencia de WIC donde Ud. recibe beneficios  
(Hable al 1-800-252-5942 para el nombre especifico y la direccion)

Si usted no desea solicitar una junta para mostrar causa, usted puede solicitar una **audiencia**. La audiencia tambien se puede solicitar cuando un participante o un representante autorizado no esta de acuerdo con la decisión de la junta para mostrar causa. **La audiencia** es una audiencia administrativa ante un juez de la ley administrativa, y la decisión se emite dentro de cuarenta y cinco (45) dias desde la fecha inicial de la solicitud para una audiencia. Usted tiene sesenta (60) dias, desde la fecha de recibir esta carta para solicitar una audiencia de administración.

En la audiencia, Ud. tiene el derecho de representarse o ser representado por un pariente, un amigo, un asesor legal u otro portavoz. Usted tiene el derecho de traer testigos. El participante tiene el derecho de introducir argumentos, hacer preguntas, o refutar cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar y interrogar testigos opuestos o presentar evidencia que confirma su caso.

**Para solicitar una audiencia,** presente su solicitud a:

Arizona Department of Health Services  
Office of the Director  
1740 W. Adams, Room 407  
Phoenix, AZ 85007

Además de la audiencia, de acuerdo con A.R.S. 41-1092.06, Ud. tiene el derecho de solicitar **una conferencia informal de resolución**. Si Ud. solicita una conferencia informal de resolución, la agencia citará la conferencia dentro de quince (15) dias después de haber recibido la solicitud. La solicitud tiene que registrarse, a más tardar, veinte (20) dias antes de la audiencia.

**Para solicitar una conferencia informal de resolución,** presente la solicitud por escrito a:

Arizona Department of Health Services  
Office of Nutrition Services - Room 203  
WIC Director  
1740 W. Adams  
Phoenix, AZ 85007

Si usted apela, recibirá beneficios del programa durante el proceso de apelación hasta que el oficial de audiencia llegue a una decisión o termine el período de certificación, cualquiera que sucede primero.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en inglés) prohíbe la discriminación en todos los programas y actividades sobre la base de raza, color, origen nacional, género, religión, edad, impedimentos, credo político, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas). Personas con impedimentos que requieran medios alternativos de comunicación para obtener información acerca de los programas (Braille, tipografía agrandada, audiocintas, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamando al (202) 720-2600 (voz y TDD).

**Figure 222 - WIC Adverse Action Appeal Procedures Form - Spanish**

**Section 2 - 4.1.15.7 : WIC Disqualification Appeal Procedures Form - Spanish****Programa de WIC de Arizona  
Procedimiento de Apelación  
Descalificación**

Si usted no esta de acuerdo con esta decision y desea apelar, registre una solicitud de apelación por escrito, dentro de quince (15) días de recibir este aviso. En la solicitud Ud. debe incluir todos los datos que Ud. cree ameritan consideración para darle derecho a compensación o reparadón, y la compensación que Ud. solicita. Usted puede solicitar una junta para mostrar causa o una audiencia.

*La Junta Para Mostrar Causa* es una reunión informal entre Ud., el Director de la Agencia Local, el personal de la Agencia Local implicado, y el representante de la Agencia Estatal, quien presidirá la junta sobre la acción de la agencia local. Se emite la decision al terminar la junta.

Para solitar la junta para mostrar causa, presente la solicitud al:

Director de su agencia local del WIC  
Oficina Local de Administradon de la Agencia de WIC donde Ud. recibe beneficios  
(Hable al 1-800-252-5942 para el nombre específico y la direccion)

Si usted no desea solicitar una junta para mostrar causa, usted puede solicitar una *audiencia*. La audiencia tambien se puede solicitar cuando un participante o un representante autorizado no esta de acuerdo con la decisión de la junta para mostrar causa. *La audiencia* es una audiencia administrativa ante un juez de la ley administrativa, y la decisión se emite dentro de cuarenta y cinco (45) días desde la fecha inicial de la solicitud para una audiencia. Usted tiene quince (15) días, desde la fecha de recibir esta carta para solicitar una audiencia de administración.

En la audiencia, Ud. tiene el derecho de representarse o ser representado por un pariente, un amigo, un asesor legal u otro portavoz. Usted tiene el derecho de traer testigos. El participante tiene el derecho de introducir argumentos, hacer preguntas, o refutar cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar y interrogar testigos opuestos o presentar evidencia que confirma su caso.

Para solicitar una audiencia, presente su solicitud a:

Arizona Department of Health Services  
Office of the Director  
1740 W. Adams, Room 407  
Phoenix, AZ 85007

Además de la audiencia, de acuerdo con A.R.S. 41-1092.06, Ud. tiene el derecho de solicitar una conferencia informal de resolución. Si Ud. solicita una conferencia informal de resolución, la agencia citará la conferencia dentro de quince (15) días después de haber recibido la solicitud. La solicitud tiene que registrarse, a más tardar, veinte (20) días antes de la audiencia.

Para solicitar una conferencia informal de resolución, presente la solicitud por escrito a:

Arizona Department of Health Services  
Office of Nutrition Services - Room 203  
WIC Director  
1740 W. Adams  
Phoenix, AZ 85007

Si usted apela, recibirá beneficios del programa durante el proceso de apelación hasta que el oficial de audiencia llegue a una decisión o termine el período de certificación, cualquiera que sucede primero.

El Departamento de Agricultura de los EE UU. (USDA, siglas en inglés) prohíbe la discriminación en todos los programas y actividades sobre la base de raza, color, origen nacional, género, religión, edad, impedimentos, credo político, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas). Personas con impedimentos que requieran medios alternativos de comunicación para obtener información acerca de los programas (Braille, tipografía agrandada, audiocintas, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamando al (202) 720-2600 (voz y TDD).

**Figure 223 - WIC Disqualification Appeal Procedures Form - Spanish**



**Section 2 - 4.1.15.8 : CSF Adverse Action Appeal Procedures Form - Spanish****Programa de CSF en Arizona  
Proceduras de Apelacion**

Si usted no esta de acuerdo con esta decision y decea apelar, solicite su apelacion en escrito, entre (sesenta) 60 dias de recibir esta noticia. Su solicitud tiene que incluir los hechos que usted cree le pertenecen para su compensacion, y la compesacioli que usted solicita. Usted puede solicitar una junta para mostrar su causa a una audiencia.

La Junta Para Mostrar Su Causa: Es una junta infomal entre usted, El Director de la Agencia Local, El personal de la agencia, local envuelto, y el representante de la agencia, del estrado, que va a precidir acera de la junta, que concierne, la accion de la agnecia local. La decision se hace al teminar la junta.

**Para solitar lajunta que ensenasu causa,** presente su solicitud a:

Director de su agencia local del CSF  
Oficina Local de Administracion de la Agencia de CSF donde eusted recibe beneficios  
(Hable al 1-800-252-5942 para el nombre especifico y la direccion)

Si usted no desea solicitar una junta para. mostrar su causa, usted puede solicitar una audiencia. La audiencia tambien puede ser solicitada cuando un participante a un representante autorizado no esta de acuerdo on la desicion por la junta para mostrar su causa. La audiencia es una audiencia de administracion. Frente unjuez de la ley de administracion, y la decision se hace entre cuarenta. y cinco (45) dias siguiendo su solicitud inicial de la audiencia. Tienen quince (15) dias, de la fecita que recibio esta carta para solicitar una audiencia de administracion, y la decision se hace entre cuarenta y cinco (45) dias siguiendo su solicitud. inicial de la audiencia. Tienen quince (15) dias de la fecita que recibio esta carta para solicitar una audiencia.

En la audiencia, usted tiene el derecho de representarse o que lo represente un pariente, amistad un cocillo legal u otro portavoz. Usted tiene el detecho de traer un testigo. El participante tiene el derecho de introducir sus alegaciones, preguntas, o revatir cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar y interrogar testigos opuestos o presentar evidencia que confirma. su caso.

**Para solicitar una audiencia,** presente su solicitud a:

Arizona Department of Health Services  
Office of the Director  
1740 W. Adams, Room 407  
Phoenix, AZ 85007

En adicion a la audiencia, de acuerdo con A.R.S. 41-1092.06, usted tiene el derecho de solicitar **una conferencia informal de solucion**. Si usted solicita una conferencia informal de solucion, la agencia va a tener la conferencia dentro de quince (15) dias despues de haber recuido la solicitud. La solicitud tiene que ser archiuada a mas tardar veinte (20) dias antes de la audiencia.

**Para solicitar una conferencia informal de solucion,** presente la solicitud en escrito a:

Arizona Department of Health Services  
Office of Nutrition Services - Room 203  
CSF Director  
1740 W. Adams  
Phoenix, AZ 85007

Si usted decea apelar, recibira beneficios del programa durante el proceso de apelacion. Hasta que el oficial de audiencia llege a una decision o que se termine el periode de certification. Cual quiera que sea primero.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en ingles) prohíbe la discriminacion en todos sus programas y actividades a base de raza, color, origen nacional, genero, religion, edad, impedimentos, credo politico, orientacion sexual, estado civil o familiar. (No todas las bases de prohibicion aplican a todos los programas). Personas con impedimentos que requieran medios alternativos de comunicacion para obtener informacion acerca de los programas (Braille, tipografia agrandada, cintas de audio, etc.)

**Figure 224 - CSF Adverse Action Appeal Procedures Form - Spanish**

**Section 2 - 4.1.15.9 : CSF Disqualification Appeal Procedures Form - Spanish****Programa de CSF en Arizona  
Proceduras de Apelacion**

Si usted no esta de acuerdo con esta decision y desea apelar, solicite su apelacion en escrito, entre (quince) 15 dias de recibir esta noticia. Su solicitud tiene que incluir los hechos que usted cree le pertenecen para su compensacion, y la compensacion que usted solicita. Usted puede solicitar una junta para mostrar su causa a una audiencia.

La Junta Para Mostrar Su Causa: Es una junta informal entre usted, El Director de la Agencia Local, El personal de la agencia, local envuelto, y el representante de la agencia, del estrado, que va a decidir acerca de la junta, que concierne, la accion de la agencia local. La decision se hace al terminar la junta.

**Para solicitar la junta que ensenase su causa,** presente su solicitud a:

Director de su agencia local del CSF  
Oficina Local de Administracion de la Agencia de CSF donde usted recibe beneficios  
(Hable al 1-800-252-5942 para el nombre especifico y la direccion)

Si usted no desea solicitar una junta para mostrar su causa, usted puede solicitar una audiencia. La audiencia tambien puede ser solicitada cuando un participante a un representante autorizado no esta de acuerdo con la decision por la junta para mostrar su causa. La audiencia es una audiencia de administracion. Frente a un juez de la ley de administracion, y la decision se hace entre cuarenta y cinco (45) dias siguiendo su solicitud inicial de la audiencia. Tienen quince (15) dias, de la fecha que recibio esta carta para solicitar una audiencia de administracion, y la decision se hace entre cuarenta y cinco (45) dias siguiendo su solicitud inicial de la audiencia. Tienen quince (15) dias de la fecha que recibio esta carta para solicitar una audiencia.

En la audiencia, usted tiene el derecho de representarse o que lo represente un pariente, amistad un cocillo legal u otro portavoz. Usted tiene el derecho de traer un testigo. El participante tiene el derecho de introducir sus alegaciones, preguntas, o revocar cualquier testimonio o evidencia, incluyendo la oportunidad de enfrentar y interrogar testigos opuestos o presentar evidencia que confirma su caso.

**Para solicitar una audiencia,** presente su solicitud a:

Arizona Department of Health Services  
Office of the Director  
1740 W. Adams, Room 407  
Phoenix, AZ 85007

En adiccion a la audiencia, de acuerdo con A.R.S. 41-1092.06, usted tiene el derecho de solicitar **una conferencia informal de solucion**. Si usted solicita una conferencia informal de solucion, la agencia va a tener la conferencia dentro de quince (15) dias despues de haber recuido la solicitud. La solicitud tiene que ser archiuada a mas tardar veinte (20) dias antes de la audiencia.

**Para solicitar una conferencia informal de solucion,** presente la solicitud en escrito a:

Arizona Department of Health Services  
Office of Nutrition Services - Room 203  
CSF Director  
1740 W. Adams  
Phoenix, AZ 85007

Si usted desea apelar, recibira beneficios del programa durante el proceso de apelacion. Hasta que el oficial de audiencia lleve a una decision o que se termine el periodo de certificacion. Cual quiera que sea primero.

El Departamento de Agricultura de los EE. UU. (USDA, siglas en ingles) prohíbe la discriminacion en todos sus programas y actividades a base de raza, color, origen nacional, genero, religion, edad, impedimentos, credo politico, orientacion sexual, estado civil o familiar. (No todas las bases de prohibicion aplican a todos los programas). Personas con impedimentos que requieran medios

**Figure 225 - CSF Disqualification Appeal Procedures Form - Spanish**

*Sort Criteria*

None.

*Calculation(s)*

None.

*Background Process(es)*

The generation of this form is logged in the Participant's record as a communication.

## Enrollment and Certification

**Section 2 - 4.1.16** : Income Declaration

**Priority:** Required

**Window:** Income Declaration Criteria

**Report:** Yes

**FSRD Reference:** EP9.1

**Narrative:** This window provides the ability to capture unsubstantiated self-declared income data.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

CATEGORY (ASC)

CLIENT APPLICATION DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.1.16.1 : Income Declaration Criteria

Arizona WIC Program - [Income Declaration]

File Edit Item Record Query Window Help

Language: ENGLISH

Client

Client ID	Last Name	First Name	MI1	MI2

Record: 1/1 <OSC> <DBG>

**Figure 226** - Income Declaration Criteria

### *Fields*

**Language** - The language the notice should be printed in, either English or Spanish. This field is mandatory.

### *Fields (Participant section)*

**Id** - The unique identification number to identify a Participant. This field is mandatory.

**Last Name** - The last name of the Participant. This field is display only.

**First Name** - The first name of the Participant. This field is display only.

**MI1** - The first middle initial of the Participant. This field is display only.

**MI2** - The second middle initial of the Participant. This field is display only.

## Section 2 - 4.1.16.2 : Income Declaration Form

**ARIZONA WIC PROGRAM**

Applicant(s): \_\_\_\_\_ ID Number: \_\_\_\_\_

**No Proof of Income Form****② FOR APPLICANTS or AUTHORIZED REPRESENTATIVES WITH****INADEQUATE INCOME DOCUMENTATION:**

I declare my total gross household income is \$\_\_\_\_\_ per (circle one) week/  
every other week/twice a month/month/year.

Reason for inadequate documentation: \_\_\_\_\_

**② FOR APPLICANTS WITH PENDING TANF APPROVAL or  
PREGNANT AND INFANT APPLICANTS PENDING AHCCCS  
APPROVAL:**

I declare that I have applied for \_\_\_\_\_ assistance program and I am awaiting  
approval.

**② FOR APPLICANTS WITH ZERO INCOME:**

I declare my total gross household income is **ZERO**.

I am getting food from: \_\_\_\_\_

I am getting housing from: \_\_\_\_\_

I am verifying that the information I am  
providing above is correct. I understand that  
intentional misrepresentation may result in  
paying the state agency, in cash, the value of  
the food benefits improperly received.

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Figure 227 - Income Declaration Form**

**Section 2 - 4.1.16.3 : Income Declaration Form - Spanish****Programa de WIC  
Falta de Comprobante de Ingresos**

**Solicitante(s):** XXXXXX, XXXXXX **Número de identificación:** 999999999

**♦ Solicitantes o representantes autorizados sin la documentación adecuada de i**

Afirmo que el importe total de ingresos de todos los miembros de la casa es de \$\_\_\_\_\_ por  
(indique uno) semana, cada dos semanas, bimensuales, mensuales, anuales.

Indique la razón por la falta de documentación:

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**♦ Solicitantes tramitando y en vias de recibir ayuda de TANF o mujeres emt  
infantes tramitando y en vias de recibir ayuda de AHCCCS  
(con solicitudes pendientes).**

Afirmo que he solicitado ayuda del programa \_\_\_\_\_ y estoy esperando la decisión y apro  
mismo programa.

**♦ Solicitantes sin ningún ingreso:**

Afirmo que el importe total de ingresos de todos los miembros de la casa es **cero**.

Estoy recibiendo la comida de parte de \_\_\_\_\_

Estoy recibiendo albergue (casa) de parte de \_\_\_\_\_

Declaro que la información que he indicado arriba es verídica. Entiendo que los informes malintencionados, malversados y fraudulentos pueden resultar en el reembolso, con dinero efectivo, el valor de los beneficios alimenticios recibidos impropiaamente. Si los ingresos en mi casa cambian dentro del período de certificación lo informaré a la agencia local de WIC.

**Solicitante/Representante Autorizado** \_\_\_\_\_ **fecha** \_\_\_\_\_

**Personal de WIC** \_\_\_\_\_ **fecha** \_\_\_\_\_

**Figure 228 - Income Declaration Form - Spanish**

Sort Criteria

None.

*Calculation(s)*

None.

*Background Process(es)*

The generation of this form is logged in the Participant's record as a communication.



## **Enrollment and Certification**

**[CO 34]**

**Section 2 - 4.1.17** : *Proof of Residency/ID*

**Priority:** *Required*

**Window:** *Proof of Residency/ID Criteria*

**Report:** *Yes*

**FSRD Reference:** *EP9.1*

**Narrative:** *This window provides the ability to capture unsubstantiated proof of address and Identification data.*

**Sort Criteria (Major to Minor):**

*ORGANIZATIONAL UNIT ORG CODE (ASC)*

*CATEGORY (ASC)*

*CLIENT APPLICATION DATE (ASC)*

**Data Current As Of:** *Run Time*

**Frequency:** *On Demand*

**Role(s):** *Enrollment and Certification*

**Section 2 - 4.1.17.1 : Proof of Residency/ID Criteria***Fields*

**Language** - The language the notice should be printed in, either English or Spanish. This field is mandatory.

*Fields (Participant section)*

**Id** - The unique identification number to identify a Participant. This field is mandatory.

**Last Name** - The last name of the Participant. This field is display only.

**First Name** - The first name of the Participant. This field is display only.

**MII** - The first middle initial of the Participant. This field is display only.

**MI2** - The second middle initial of the Participant. This field is display only.

**Section 2 - 4.1.17.2 : Proof of Residency/ID Form**

# ARIZONA WIC PROGRAM

Applicant(s): \_\_\_\_\_ ID Number: \_\_\_\_\_

## No Proof of Residency/Identification Form

The Arizona WIC Program requires each applicant to show proof of identification and residence to be put on the WIC Program.

1. Completion of this form is for:      Residence/Address  
Identification

2. Reason for No  
Proof: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am verifying that the information I am providing above is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

**Figure 229 - Proof of Residency/Id Form**

***Figure 230 - Proof of Residency/ID Form***

**Section 2 - 4.1.17.3 : Proof of Residency/ID Form - Spanish****Programa de WIC de Arizona**

**Solicitante(s):** \_XXXXXXXXX, XXXXXXXX\_ **Número de identificación:** \_9999999999\_

**Falta de Comprobante de Domicilio y/o Identificación**

**El programa estatal de WIC exige que cada solicitante tenga un comprobante de identificación y residencia para participar en el programa de WIC.**

**1. Indique la razón de este formulario:**      **Domicilio**                      **Identificación**

**2. Indique la razón por la falta de documentación:**

---

---

---

**Afirmación**

**Declaro que la información que he indicado arriba es verídica. Entiendo que los informes malintencionados, malversados y fraudulentos pueden resultar en el reembolso, con dinero efectivo, el valor de los beneficios alimenticios recibidos impropriamente. Si los ingresos en mi casa cambian dentro del período de certificación, lo informaré a la agencia local de WIC.**

**Solicitante/Representante Autorizado** \_\_\_\_\_ **fecha** \_\_\_\_\_

**Personal de WIC** \_\_\_\_\_ **fecha** \_\_\_\_\_

*Figure 231 - Proof of Residency/ID Form – Spanish*

Sort Criteria

None.

Calculation(s)

None.

Background Process(es)

The generation of this form is logged in the Participant's record as a communication.

**[END CO 34]**

## **Enrollment and Certification**

### **Section 2 - 4.2 : Labels**

#### **Section 2 - 4.2.1 : Mailing Labels**

**Priority:** Required

**Window:** Mailing Labels

**Report:** Yes

**FSRD Reference:** EP9.2

**Narrative:**

This function allows the user to select what groups of labels should be produced. The ability to produce a tailored label is also provided. All labels are produced at one label per family unit. Labels can be requested by clinic, Part. Id, category, or zip code.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.2.1.1 : Mailing Labels Criteria

**Arizona WIC Program - [Mailing Labels]**

File Edit Item Record Query Window Help

4.2.02|Azuat30|3038

**Label Stock**

Choose A Label Stock: [dropdown]

**Authorized Representative**

Clinic: [dropdown]

Client: [dropdown]

Category: [dropdown]

Zip Code: [dropdown]

Override Mailing Confidentiality?: NO [button]

**Tailored**

Name: [text]

Address 1: [text]

Address 2: [text]

City: [text]

State: [text] Zip: [text] - [text]

**Agency/Clinic Return Address Labels**

Agency/Clinic: [dropdown]

Number of Copies: [text]

Print Labels

**Figure 232** - Mailing Labels Criteria

### *Fields (Participant section)*

**Choose A Label Stock** - Offers a choice of Avery printer labels: 5160 – HP 3x10 and 5163 HP 2x5.

**Clinic** - The organization unit that serves as the local clinic for the applicant. Clicking on the list of values button allows the user to select a clinic code. The description of the clinic will automatically display. AIM will print a mailing label for all family authorized representatives in the chosen clinic. This field is optional.

**Client** - The unique identification number to identify a Participant. AIM will print a mailing label to the authorized representative of the chosen client. This field is optional.

**Category** - The category of Participant (Breastfeeding, Postpartum, Pregnant, Infants, or Children). AIM will print a mailing label to all authorized representatives of all the clients in the selected category. This field is optional.

**Zip Code** - The 5-digit zip code. AIM will print a mailing label to the authorized representative of all clients with the selected zip code. This field is optional.

**Override Mailing Confidentiality** - A Yes/No field indicating whether a Participant that requested no mail should receive it. This field is mandatory and defaults to 'No'.

### *Fields (Tailored section)*

**Name** - A user specified name for tailored labels.

**Address** - A user specified address (line 1) for tailored labels.

**Address** - A user specified address (line 2) for tailored labels.

**City** - A user specified city for tailored labels.

**State** - A user specified state for tailored labels.

**Zip** - A user specified zip for tailored labels.



**Agency/Clinic** – Offers the user the option to print mailing labels for any selected clinic within the agency.

**Number of Copies** - The user must specify the number of mailing labels to generate. This field works for the Agency/Clinic Return Address Labels parameter only.

Button(s)

**Print Labels** - Generates the mailing labels.

**Choose Label to Start At** – User is given the option of choosing which label position to begin with. Selecting ‘1’ prints from the first label in the sheet to the last.

*Sort Criteria*

Family ID

Authorized Representative Last Name

Authorized Representative First Name

*Calculation(s)*

None.

*Background Process(es)*

None.

## **Enrollment and Certification**

### **Section 2 - 4.3 : Reports**

#### **Section 2 - 4.3.1 : Breastfeeding by Sociodemographics**

**Priority:** Required

**Window:** Breastfeeding by Sociodemographics

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a listing of various sociodemographic variables and identifies the corresponding number and percent of breastfed Infant Participants broken down by the number of weeks they were breastfed during a specified period of time.

**Sort Criteria (Major to Minor):** ORGANIZATIONAL UNIT CODE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.3.1.1 : Breastfeeding by Sociodemographics Criteria

CR\_BF\_BY\_SOCIODEM: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: BREASTFEEDING BY SOCIODEMOGRAPHICS

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: Local Agency/Clinic

Date Range From: Thru:

**Figure 233** - Breastfeeding by Sociodemographics Criteria

### Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The organization level the report will be run at. The available options are Local Agency/Clinic, Local Agency, State. If State is selected the report generates a Statewide summary, the 'Local Agency' heading changes to 'State Agency' and the 'Clinic' heading is not displayed. If 'Local Agency' is selected the report generates a Local Agency summary, the 'Clinic' heading is followed by the text 'ALL'. This field is required.

**Date Range From/Thru** - The date range of visits the report will be run for. This field is required.

### Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.1.2 : Breastfeeding by Sociodemographics Report**

Report Name: XXXXXXXXX  
 Report Date: MM/DD/YYYY

Arizona WIC Program  
 Breastfeeding By Sociodemographics

Page: ZZZ9

Date Range From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XXXXXXXXXXXXXXXX

Clinic: XXXXXXXXXXXXXXXX

Sociodemographic Variable	Breastfeeding Duration							
	***	*	*	*	*	**	**	**
	Ever BF	1-3 wks	1-2 mo 4-12 wks	3-5 mo 13-25 wks	BF >= 6 mo	6-11 mo 26-51 wks	12 mo 52 wks	BF ≥ 12 mo
	Qty Pct	Qty Pct	Qty Pct	Qty Pct	Qty Pct	Qty Pct	Qty Pct	Qty Pct
Income (% Poverty)								
XXXXXXXXXX	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
<b>Total:</b>	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%	ZZ9 ZZ.99%
Education (Grade Completed)								
Marital Status								
Trimester of Enrollment								
Live Births								
Infant Gestational Age								
Age of Mother at Delivery								
Ethnic Groups								

\* Infants 6-8 mo. of Age  
 \*\* Infants 12-15 mo. of Age  
 \*\*\* All Infants

**Figure 234 - Breastfeeding by Sociodemographics Report**

### *Calculations*

**Qty (Ever BF)** - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by socio. variable.

**Pct (Ever BF)** - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by socio. variable. ( Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

**Qty (1-3 wks, 4-12 wks,13-25 wks)** - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by socio. variable.

**Pct (1-3 wks, 4-12 wks,13-25 wks)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by socio. variable. ( Qty (1-3 wks, 4-12 wks,13-25 wks ) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

**Qty (BF>= 6 mo)** - The number of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least six months(including those still BFing) by socio. variable.

**Pct (BF>= 6 mo)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least 6 months (including those that are still breastfeeding) by socio. variable. ( Qty (BF>= 6 mo) / Number of breastfed Infant participants 6 to 8 mo. of age with active certs. during the date range)

**Qty (26-51 wks, 52 wks)** - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by socio. variable.

**Pct (26-51 wks, 52 wks)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by socio. variable. ( Qty (26-51 wks, 52 wks ) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

**Qty (BF>= 12 mo)** - The number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by socio. variable.

**Pct (BF>= 12 mo)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by socio. variable. ( Qty (BF>= 12 mo) / Number of breastfed Infant participants with active certs. and 12 to 15 mo. of age during the date range)

### **Totals**

**Qty** - Column total

**PCT** - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

The duration for those that are still breastfeeding - (Last Health history date - Date of Birth).

The duration for those that have quit breastfeeding - (Age of Infant when breastfeeding ended (health data element) in the latest health assessment in the date range entered)

### *Background Processes*

Note: There may be participants that are still breastfeeding that are counted in the BF >= 6 mo and also counted in the BF >= 12 mo. There may also be participants that quit breastfeeding that

are counted in the BF  $\geq$  6mo and BF  $\geq$  12 mo and also counted in the 26 - 51 wks and 52 wks columns.

## **Enrollment and Certification**

**Section 2 - 4.3.2** : Pregnant/Postpartum by Sociodemographics

**Priority:** Required

**Window:** Pregnant/Postpartum by Sociodemographics

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a listing of various sociodemographic variables and identifies the corresponding number of Pregnant/Postpartum Participants.

**Sort Criteria (Major to Minor):** ORGANIZATIONAL UNIT CODE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

### Section 2 - 4.3.2.1 : Pregnant/Postpartum by Sociodemographics Criteria

**Figure 235** - Pregnant/Postpartum by Sociodemographics Criteria

#### Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is preview.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The organization level the report will be run at. The available options are: Local Agency/Clinic, Local Agency, State.

- If 'Local Agency/Clinic' is selected the report generates a Local Agency report broken out by each clinic in the agency. The 'Clinic' heading displays the number and name of the clinic.
- If 'Local Agency' is selected the report generates a Local Agency summary, the 'Clinic' heading is not displayed.
- If State is selected the report generates a Statewide summary, the 'Local Agency' heading changes to 'State Agency' and the 'Clinic' heading is not displayed. This option is only available via AIM's State login.

**Reporting Month** - The month for which the report is generated. Tab to the next field to enter the reporting year.

#### Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.



**Section 2 - 4.3.2.2 : Pregnant/Postpartum by Sociodemographics Report**

Report Date: MM/DD/YYYY

Page: ZZZ

Report #

**Arizona WIC Program**  
**Pregnant/Postpartum by Sociodemographic**  
 Date Range From: MM/DD/YYYY Thru: MM/DD/YYYY  
 (Report Level)

Local Agency: XX XXXXXXXXXXXXXXXXXXXX

Clinic: XX XXXXXXXXXXXXXXXXXXXX

Sociodemographic Variable	Pregnant Age								Postpartum Age							
	Qty	<15 Pct	15 - 17 Pct	> 17 Pct	Qty	<15 Pct	15 - 17 Pct	Total Pct	Qty	<15 Pct	15 - 17 Pct	> 17 Pct	Qty	<15 Pct	15 - 17 Pct	Total Pct
Income (% Poverty)																
< or = 100	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%
101 - 150	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%
151 - 185	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%
Total:	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%
	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ
	9				9			9	9				9			9
	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ
	9				9			9	9				9			9
Education (Grade Completed)																
<9	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%
10 - 11	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%
12	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%
13 +	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%
Total:	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%
	9				9			9	9				9			9
	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ
	9				9			9	9				9			9
	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ
	9				9			9	9				9			9
Trimester of Enrollment																
0-13 Weeks	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%
14-26 Weeks	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%
27-40 + Weeks	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%
Postpartum	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%
Total:	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%
	9				9			9	9				9			9
	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ
	9				9			9	9				9			9
	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ
	9				9			9	9				9			9
Live Births																
0	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%
1	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%
2	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%
3 +	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%
Total:	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%
	9				9			9	9				9			9
	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ
	9				9			9	9				9			9
	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ
	9				9			9	9				9			9
Infant Gestational Age																
> 37 Weeks	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%
< or = 37 Weeks	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	9	ZZ.ZZ9%	9	ZZ.ZZ9%
Total:	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ9	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%	ZZ.ZZ	ZZ.ZZ9%
	9				9			9	9				9			9
	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ	ZZ.ZZ				ZZ.ZZ			ZZ.ZZ
	9				9			9	9				9			9

**Figure 236 - Pregnant/Postpartum by Sociodemographics Report**

### *Calculations*

**Qty (pregnant)** - The number of pregnant participants with active WIC certifications (CSF certifications are disregarded) during the date range and in the age group by sociodemographic variable.

**Pct (pregnant)** - The percentage of pregnant participants with active WIC certifications during the date range and in the age group by sociodemographic variable. (Number of pregnant participants with active WIC certifications in the age group during the date range / Number of pregnant participants of the column age with active WIC certifications during the date range)

**Qty (postpartum)** - The number of postpartum participants with active WIC certifications (CSF certifications are disregarded) during the date range and in the age group by sociodemographic variable.

**Pct (postpartum)** - The percentage of postpartum participants with active WIC certifications during the date range and in the age group by sociodemographic variable. (Number of postpartum participants with active WIC certifications in the age group during the date range / Number of postpartum participants of the column age with active WIC certifications during the date range)

**# of WIC pregnancies** - The sum of WIC pregnancies.

### *Background Processes*

Depending on the Report Level selected the 'Local Agency' and 'Clinic' fields at the top of the report change. If State is selected the Clinic field is not displayed and the 'Local Agency' label changes to 'State Agency'. If 'Local Agency' is selected the Clinic field is not displayed. The report layout displayed is for the Local Agency/Clinic report level.

## **Enrollment and Certification**

**Section 2 - 4.3.3** : Breastfeeding Duration (Postpartum Support)

**Priority:** Required

**Window:** Breastfeeding Duration (Postpartum Support)

**Report:** Yes

**FSRD Reference:** EP 9.3, EP9.4, PP16.2

**Narrative:**

This Window provides information on duration of breastfeeding broken down by type of postpartum support contact method.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

CONTACT METHOD (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.3.1 : Breastfeeding Duration - Postpartum Support Criteria**

CR\_BF\_DURATION\_PP: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: BREASTFEEDING DURATION (POSTPARTUM SUPPORT)

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: STATE

Date Range From: Thru:

**Figure 237** - Breastfeeding Duration - Postpartum Support Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The organization level the report will be run at. The available options are Local Agency/Clinic, Local Agency, State. This field is required.

**Date Range From/Thru** - The date range the report will be run for. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.3.2 : Breastfeeding Duration - Postpartum Support Report**

Report Name: XXXXXXXXX

Report Date: MM/DD/YYYY

Arizona WIC Program

Page: ZZZ9

**Breastfeeding Duration (Postpartum Support)**Date Range From: MM/DD/YYYY Thru: MM/DD/YYYY  
(Report Level)

Local Agency: XXXXXXXXXXXXXXXX

Clinic: XXXXXXXXXXXXXXXX

Prevalent Contact Method	Duration in Weeks															
	***		*		*		*		*		**		**		**	
	Ever BF		1-3 wks		1-2 mo 4-12 wks		3-5 mo 13-25 wks		BF≥6 mo		6-11 mo 26-51 wks		12 mo 52 wks		BF≥12 mo	
	Qty	Pct	Qty	Pct	Qty	Pct	Qty	Pct	Qty	Pct	Qty	Pct	Qty	Pct	Qty	Pct
XXXXXXXXXXXX	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%
Clinic Totals:	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%
Local Agency Totals:	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%
State Totals:	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%
Promotional Items																
XXXXXXXXXXXX	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%
Clinic Totals:	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%
Local Agency Totals:	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%	ZZ9	ZZ.99%

\* Infants 6-8 mo. of Age

\*\* Infants 12-15 mo. of Age

\*\*\* All Infants

**Figure 238 - Breastfeeding Duration - Postpartum Support Report**

*Calculation(s)*

## Prevalent Contact Method

**Qty (Ever BF)** - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by contact method.

**Pct (Ever BF)** - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by contact method ( Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

**Qty (1-3 wks, 4-12 wks,13-25 wks)** - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by contact method.

**Pct (1-3 wks, 4-12 wks,13-25 wks)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by contact method. ( Qty (1-3 wks, 4-12 wks,13-25 wks ) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

**Qty (BF>= 6 mo)** - The number of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least six months(including those still BFing) by contact method.

**Pct (BF>= 6 mo)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least 6 months (including those that are still breastfeeding) by contact method. ( Qty (BF>= 6 mo) / Number of breastfed Infant participants 6 to 8 mo. of age with active certs. during the date range)

**Qty (26-51 wks, 52 wks)** - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by contact method.

**Pct (26-51 wks, 52 wks)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by contact method. ( Qty (26-51 wks, 52 wks ) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

**Qty (BF>= 12 mo)** - The number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by contact method.

**Pct (BF>= 12 mo)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by contact method. ( Qty (BF>= 12 mo) / Number of breastfed Infant participants with active certs. and 12 to 15 mo. of age during the date range)

**Qty(Totals)** - Column total

**PCT(Totals)** - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

### Promotional Items

**Qty (Ever BF)** - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by promotional item.

**Pct (Ever BF)** - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by promotional item ( Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

**Qty (1-3 wks, 4-12 wks,13-25 wks)** - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by promotional item.

**Pct (1-3 wks, 4-12 wks,13-25 wks)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by promotional item. ( Qty (1-3 wks, 4-12 wks,13-25 wks ) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

**Qty (BF>= 6 mo)** - The number of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least six months(including those still BFing) by promotional item.

**Pct (BF>= 6 mo)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least 6 months (including those that are still breastfeeding) by promotional item. ( Qty (BF>= 6 mo) / Number of breastfed Infant participants 6 to 8 mo. of age with active certs. during the date range)

**Qty (26-51 wks, 52 wks)** - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by promotional item.

**Pct (26-51 wks, 52 wks)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by promotional item. ( Qty (26-51 wks, 52 wks ) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

**Qty (BF>= 12 mo)** - The number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by promotional item.

**Pct (BF>= 12 mo)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by promotional item. ( Qty (BF>= 12 mo) / Number of breastfed Infant participants with active certs. and 12 to 15 mo. of age during the date range)

**Qty(Totals)** - Column total

**PCT(Totals)** - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

### Duration calculations

To compute the duration for those that are still breastfeeding - (Last Health history date - Date of Birth).

To compute the duration for those that have quit breastfeeding - (Age of Infant when breastfeeding ended (health data element) in the latest health assessment in the date range entered)

### Background Process(es)

This report has the same layout for each report level selected. The clinic total line is not displayed when Local Agency or State are selected as the report level. The Local Agency total line is not displayed when State is selected as the report level.

Note: There may be participants that are still breastfeeding that are counted in the BF  $\geq$  6 mo and also counted in the BF  $\geq$  12 mo. There may also be participants that quit breastfeeding that are counted in the BF  $\geq$  6mo and BF  $\geq$  12 mo and also counted in the 26 - 51 wks and 52 wks columns.



## **Enrollment and Certification**

**Section 2 - 4.3.4** : Number of Breastfeeding Contacts by Contact Method

**Priority:** Required

**Window:** Number of Breastfeeding Contacts by Contact Method Criteria

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a summary of the number of contacts with breastfeeding women broken down by contact method.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

CONTACT METHOD (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.4.1 : Number of Breastfeeding Contacts by Contact Method Criteria**

CR\_BF\_INCIDENCE\_MTHD: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: NUMBER OF BREASTFEEDING CONTACTS  
BY CONTACT METHOD

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: LOCAL AGENCY/CLINIC

Date Range From: Thru:

**Figure 239** - Number of Breastfeeding Contacts by Contact Method Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The organization level the report will be run at. The available options are Local Agency/Clinic, Local Agency, State. This field is required.

**Date Range From/Thru** - The date range of visits the report will be run for. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.4.2 : Number of Breastfeeding Contacts by Contact Method Report****Error! No topic specified.Figure 240** - Number of Breastfeeding Contacts by Contact Method Report*Calculations***Count** - The number of breastfeeding contacts for each contact method.**Totals** - Totals by clinic, local agency or state depending on the Report Level selected.*Background Processes*

This report has the same layout for each report level selected. The clinic total line is not displayed when Local Agency or State are selected as the report level. The Local Agency total line is not displayed when State is selected as the report level.

## **Enrollment and Certification**

**Section 2 - 4.3.5** : Duration of Breastfeeding

**Priority:** Required

**Window:** Duration of Breastfeeding

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a summary report showing the number and percentage of WIC infant breastfeeding Participants who maintained a level of breastfeeding for an associated number of weeks.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

BF PATTERN (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.5.1 : Duration of Breastfeeding Criteria**

CR\_BF\_DURATION: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: DURATION OF BREASTFEEDING

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: STATE

Date Range From: Thru:

**Figure 241** - Duration of Breastfeeding Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing level of printing (Local Agency/Clinic, Local Agency, State). This field is required.

**Date Range From\Thru** - The date range the report will be run for. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.5.2** : Duration of Breastfeeding Report

**Error! No topic specified.**

**Figure 242** - Duration of Breastfeeding Report

*Calculations*

The most recent health history record is used to determine the weeks stopped breastfeeding.

**Qty (Ever BF)** - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by the number of times breastfed.

**Pct (Ever BF)** - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by the number of times breastfed ( Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

**Qty (1-3 wks, 4-12 wks,13-25 wks)** - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by the number of times breastfed.

**Pct (1-3 wks, 4-12 wks,13-25 wks)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by the number of times breastfed. ( Qty (1-3 wks, 4-12 wks,13-25 wks ) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

**Qty (BF>= 6 mo)** - The number of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least six months(including those still BFing) by the number of times breastfed.

**Pct (BF>= 6 mo)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that breastfed for at least 6 months (including those that are still breastfeeding) by the number of times breastfed. ( Qty (BF>= 6 mo) / Number of breastfed Infant participants 6 to 8 mo. of age with active certs. during the date range)

**Qty (26-51 wks, 52 wks)** - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by the number of times breastfed.

**Pct (26-51 wks, 52 wks)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by the number of times breastfed. ( Qty (26-51 wks, 52 wks ) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

**Qty (BF>= 12 mo)** - The number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by the number of times breastfed.

**Pct (BF>= 12 mo)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that breastfed for at least 12 months (including those still BFing) by the number of times breastfed. ( Qty (BF>= 12 mo) / Number of breastfed Infant participants with active certs. and 12 to 15 mo. of age during the date range)

**Qty(Totals)** - Column total

**PCT(Totals)** - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

### Duration calculations

To compute the duration for those that are still breastfeeding - (Last Health history date - Date of Birth).  
To compute the duration for those that have quit breastfeeding - (Age of Infant when breastfeeding ended (health data element) in the latest health assessment in the date range entered)

### *Background Process(es)*

This report has the same layout for each report level selected. The clinic total line is not displayed when Local Agency or State are selected as the report level. The Local Agency total line is not displayed when State is selected as the report level.

Note: There may be participants that are still breastfeeding that are counted in the BF  $\geq$  6 mo and also counted in the BF  $\geq$  12 mo. There may also be participants that quit breastfeeding that are counted in the BF  $\geq$  6mo and BF  $\geq$  12 mo and also counted in the 26 - 51 wks and 52 wks columns.



## **Enrollment and Certification**

**Section 2 - 4.3.6** : Reasons Stopped Breastfeeding

**Priority:** Required

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window provides information on reasons why participants stopped breastfeeding.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

REASON BF ENDED (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

### Section 2 - 4.3.6.1 : Reasons Stopped Breastfeeding Criteria

CR\_REASON\_BF\_STOPPED: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: REASONS STOPPED BREASTFEEDING

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: STATE

Date Range From: Thru:

**Figure 243** - Reasons Stopped Breastfeeding Criteria

#### Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing level of printing (Local Agency/Clinic, Local Agency, State). This field is required.

**Date Range From/Thru** - The date range the report will be run for. This field is required.

#### Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.6.2** : Reasons Stopped Breastfeeding Report  
**Error! No topic specified.**

**Figure 244** - Reasons Stopped Breastfeeding Report

### *Calculations*

**Qty (Ever BF)** - The number of infant participants that ever breastfed with active certs. and under 15 months of age during the date range by the reason stopped.

**Pct (Ever BF)** - The percentage of infant participants that were breastfed with active certs. and under 15 months of age during the date range by the reason stopped ( Qty (Ever BF) / # of Infant participants with active certs. and under 15 months of age during the date range)

**Qty (1-3 wks, 4-12 wks,13-25 wks)** - The number of infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by the reason stopped.

**Pct (1-3 wks, 4-12 wks,13-25 wks)** - The percentage of breastfed infant participants with active certs. and 6 to 8 mo. of age during the date range that quit breastfeeding in the time frame by the reason stopped. ( Qty (1-3 wks, 4-12 wks,13-25 wks ) / Number of breastfed Infant participants with active certs. and 6 to 8 mo. of age during the date range)

**Qty (26-51 wks, 52 wks)** - The number of participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame defined by the column heading by the reason stopped.

**Pct (26-51 wks, 52 wks)** - The percentage of breastfed participants with active certs. and 12 to 15 mo. of age during the date range that quit breastfeeding in the time frame by the reason stopped. ( Qty (26-51 wks, 52 wks ) / Number of breastfed participants with active certs. and 12 to 15 mo. of age during the date range)

**Qty(Totals)** - Column total

**PCT(Totals)** - The percentage of breastfeeding infant participants with active certs. and age range that quit during the time period defined by the column heading.

The duration for those that have quit breastfeeding - (Age of Infant when breastfeeding ended (health data element) in the latest health assessment in the date range entered)

### *Background Processes*

This report has the same layout for each report level selected. The clinic total line is not displayed when Local Agency or State are selected as the report level. The Local Agency total line is not displayed when State is selected as the report level.

## Enrollment and Certification

### **Section 2 - 4.3.7** : Breastfeeding by Age Report

**Priority:** Required

**Window:** Breastfeeding by Age

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This report summarizes the results of the breastfeeding surveillance survey in the AIM application for WIC participants. The report has three different parts. The top part of the report is the header, which is the report level. The report levels consist of the all levels, local agency/clinic level, the local agency level, and the state level. Then the next part is the lines, which are the age of the clients. The ages are in days, in weeks, in months, and in groups of months. The last part is for the detail items for each age. These items are the actual breastfeeding data that are the responses to the breastfeeding surveillance survey. The report shows how many infants never were breastfed and ever were breastfed. Also the report shows for infants that ever breastfed how many are exclusively breastfeeding or partially breastfeeding as well as infants who stopped breastfeeding. The report shows whether there is missing data to responses to the ever breastfed question and the currently breastfed question from the survey. The user can run the report for a particular local agency or all local agencies.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

AGE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.7.1 : Breastfeeding by Age Report Criteria**

cr\_bf\_by\_age: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: BREASTFEEDING BY AGE

Output Device: PREVIEW

Filename:

Number of Copies: 1

Selection Parameters

Report Level: ALL

Reporting Month: SEP 2006

Local Agency: ALL LOCAL AGENCIES

**Figure 244A:** Breastfeeding by Age Report Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional. The default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional. The default is one.

**Report Level** - Drop down list showing level of printing (All, Local Agency/Clinic, Local Agency, State). This field is required.

**Reporting Month** - The month and year that is converted to a fiscal month and year when the client participated in WIC. This field is required.

**Local Agency** - The user may select a specific agency or all agencies from the drop down list. This field is optional.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.7.2 :Breastfeeding By Age Report Layout****Arizona WIC Program**Report Name: **CR\_BF\_BY\_AGE**

Breastfeeding By Age

Report No: **CR1004**Report Date: **12/9/2005**From **Mar-05** Thru: **Oct-05**Database: **AIM02**

Local Agency:

User: **WICADM**Page: **1 of 6**Local Agency: **08 Mohave County Dept of Health and Social SVCS**Clinic: **01 Kingman Wic**

Age in Days	All Infants				Infants That Have Ever Breastfeed					
	Never Breastfeed	Ever Breastfeed	Missing Data	Total	Currently Breastfeeding			Stopped BF	Missing Data	Total
					Exclusive	Partial	All Currently			
0 to 4	23 69.7%	10 30.3%		33	1 10.0%	1 10.0%	2 20.0%	8 80.0%		10
5 to 7	36 69.2%	16 30.8%		52	1 6.3%	8 50.0%	9 56.3%	7 43.8%		16
Total	59 69.4%	26 30.6%		85	2 7.7%	9 34.6%	11 42.3%	15 57.7%		26

Age in Weeks	All Infants				Infants That Have Ever Breastfeed					
	Never Breastfeed	Ever Breastfeed	Missing Data	Total	Currently Breastfeeding			Stopped BF	Missing Data	Total
					Exclusive	Partial	All Currently			
0 to 1	67 66.3%	34 33.7%		101	10 29.4%	8 23.5%	18 52.9%	16 47.1%		34
1 to 2	14 25.5%	41 74.5%		55	6 14.6%	12 29.3%	18 43.9%	23 56.1%		41
2 to 3	9 25.0%	27 75.0%		36	5 18.5%	5 18.5%	10 37.0%	17 63.0%		27
3 to 4	8 12.1%	58 87.9%		66	10 17.2%	7 12.1%	17 29.3%	41 70.7%		58
4 to 5	12 14.5%	71 85.5%		83	11 15.5%	7 9.9%	18 25.4%	53 74.6%		71
5 to 6	9 15.5%	49 84.5%		58	12 24.5%	7 14.3%	19 38.8%	30 61.2%		49
6 to 7	6 16.2%	31 83.8%		37	5 16.1%	1 3.2%	6 19.4%	25 80.6%		31
7 to 8	3 11.1%	24 88.9%		27	6 25.0%	5 20.8%	11 45.8%	13 54.2%		24
8 to 9										
9 to 10										
10 to 11										
11 to 12										
12 to 13										
13 to 14										
14 to 15										
15 to 16										
Total	128 27.6%	335 72.4%		463	65 19.4%	52 15.5%	117 34.9%	218 65.1%		335



## Arizona WIC Program

Report Name: CR\_BF\_BY\_AGE

Breastfeeding By Age

Report No: CR1004

Report Date: 12/9/2005

From: Mar-05 Thru: Oct-05

Database: AIM02

Local Agency:

User: WICADM

Page: 2 of 6

Local Agency: 08 Mohave County Dept of Health and Social SVCS

Clinic: 01 Kingman

Age in Months	All Infants					Infants That Have Ever Breastfeed										
	Never		Ever		Missing Data	Total	Currently Breastfeeding						Missing Data	Total		
	Breastfeed		Breastfeed				Exclusive		Partial		All Currently				Stopped BF	
0 to 1	150	52.3%	137	47.7%		287	32	23.4%	29	21.2%	61	44.5%	76	55.5%		137
1 to 2	36	14.1%	220	85.9%		256	55	25.0%	11	5.0%	66	30.0%	154	70.0%		220
2 to 3	29	27.4%	77	72.6%		106	5	6.5%	14	18.2%	19	24.7%	58	75.3%		77
3 to 4	38	25.2%	113	74.8%		151	10	8.8%	24	21.2%	34	30.1%	79	69.9%		113
4 to 5	63	31.5%	137	68.5%		200	11	8.0%	24	17.5%	35	25.5%	102	74.5%		137
5 to 6	29	24.0%	92	76.0%		121	12	13.0%	8	8.7%	20	21.7%	72	78.3%		92
6 to 7	71	32.4%	148	67.6%		219	13	8.8%	8	5.4%	21	14.2%	127	85.8%		148
7 to 8	33	30.0%	77	70.0%		110	14	18.2%	9	11.7%	23	29.9%	54	70.1%		77
8 to 9	41	35.7%	74	64.3%		115	15	20.3%	4	5.4%	19	25.7%	55	74.3%		74
9 to 10	83	44.1%	105	55.9%		188	2	1.9%	12	11.4%	14	13.3%	91	86.7%		105
10 to 11	56	38.1%	91	61.9%		147	1	1.1%	12	13.2%	13	14.3%	78	85.7%		91
11 to 12	25	32.9%	51	67.1%		76	2	3.9%	8	15.7%	10	19.6%	41	80.4%		51
Total	654	33.1%	1,322	66.9%		1,976	172	13.0%	163	12.3%	335	25.3%	987	74.7%		1,322

Age in Months	All Infants					Infants That Have Ever Breastfeed										
	Never Breastfeed		Ever Breastfeed		Missing Data	Total	Currently Breastfeeding						Missing Data	Total		
							Exclusive		Partial		All Currently				Stopped BF	
0 to 6	416	31.0%	924	69.0%		1,340	80	8.7%	176	19.0%	256	27.7%	668	72.3%		924
6 to 12	301	36.4%	527	63.6%		828	12	2.3%	90	17.1%	102	19.4%	425	80.6%		527
12 to 18	237	41.6%	333	58.4%		570	1	0.3%	28	8.4%	29	8.7%	304	91.3%		333
18 to 24	122	45.9%	144	54.1%		266	0	0.0%	19	13.2%	19	13.2%	125	86.8%		144
Total	1076	35.8%	1,928	64.2%		3,004	267	13.8%	484	25.1%	751	39.0%	2550	132.3%		1,928

### *Calculations*

**Age in Days** - The age in days is the difference between the breastfeeding surveillance data date and the client's birth date.

**Age in Weeks** - The age in weeks is the difference between the breastfeeding surveillance data date and the client's birth date. Since Oracle does not have a database function for weeks, the report actually uses the weeks in days, to calculate the age.

**Age in Months** - The age in months is the months between the breastfeeding surveillance data date and the client's birth date.

**Age in Months Grouping** - The age in months is the months between the breastfeeding surveillance data date and the client's birth date.

**Never Breastfed** - It represents the number of all infants with a 'No' response to the ever breastfed question from the survey and the percentage of the total of all infants.

**Ever Breastfed** - It represents the number of all infants with a 'Yes' response to the ever breastfed question from the survey and the percentage of the total of all infants.

**Missing Data for All Infants** - It represents when there is no response to the ever breastfed question from the survey.

**Total All Infants** - It represents the sum of the responses of all infants to the ever breastfed question from the survey, which includes the missing responses.

**Exclusive** - It represents infants with a 'Yes' response to the ever breastfed question, with a 'Yes' response to the currently breastfeeding question in the survey, and there is no response to the other than breast milk question. The percentage of these infants who are exclusively breastfeeding of the total currently breastfeeding is displayed in the report.

**Partial** - It represents infants with a 'Yes' response to the ever breastfed question, with a 'Yes' response to the currently breastfeeding question in the survey, and there is a response to the other than breast milk question. The percentage of these infants who are partially breastfeeding of the total currently breastfeeding is displayed in the report.

**All Currently** - It represents the sum of the infants with a 'Yes' response to the ever breastfed question and with a 'Yes' response to the currently breastfeeding question in the survey.

**Stopped BF** - It represents the number of the infants with a 'Yes' response to the ever breastfed question and with a 'No' response to the currently breastfeeding question in the survey.

**Missing Data for Ever Breastfed** - It represents when there is a response to the ever breastfed question from the survey but no response to the currently breastfeeding question in the survey.

**Ever Breastfed Total** - It represents a sum of infants with a 'Yes' response to the ever breastfed question and both the 'Yes' and 'No' responses to the currently breastfeeding question from the survey as well as no response to the currently breastfeeding question from the survey.

**Total Never Breastfed** - It represents the total of the number of all infants with a 'No' response to the ever breastfed question from the survey and the percentage of the total of all infants. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Ever Breastfed** - It represents the total of the number of all infants with a 'Yes' response to the ever breastfed question from the survey and the percentage of the total of all infants. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Missing Data** - It represents the total of no responses to the ever breastfed question from the survey. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total All InfantsTotal** - It represents the total of the sum of the responses for all infants to the ever breastfed question from the survey, which includes the missing responses. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Exclusive** - It represents the total of the number of infants with a 'Yes' response to the ever breastfed question, with a 'Yes' response to the currently breastfeeding question in the survey, and there is no response to the other than breast milk question. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Partial** - It represents the total of the number of infants with a 'Yes' response to the ever breastfed question, with a 'Yes' response to the currently breastfeeding question in the survey, and there is a response to the other than breast milk question. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Stopped BF** - It represents the total of the number of infants with a 'Yes' response to the ever breastfed question and with a 'No' response to the currently breastfeeding question in the survey. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Missing Data for Ever Breastfed** - It represents the total when there is a response to the ever breastfed question from the survey but no response to the currently breastfeeding question in the survey. There is a total for days, one for age in weeks, one for months, and one for group of months.

**Total Ever Breastfed Total** - It represents the total of the sum of infants with a 'Yes' response to the ever breastfed question and both the 'Yes' and 'No' responses to the currently breastfeeding question from the survey as well as no response to the currently breastfeeding question from the survey. There is a total for days, one for age in weeks, one for months, and one for group of months.

## Enrollment and Certification

**Section 2 - 4.3.8** : Nutrition Education Monitoring

**Priority:** Required

**Window:** Nutrition Education Monitoring Criteria

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a report of nutrition education scheduled and provided during a specified time frame.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

CLIENT NUTR ED DATE (ASC)

NUTR ED TOPIC (ASC)

CLIENT ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.3.8.1 : Nutrition Education Monitoring Criteria

**Figure 245** - Nutrition Education Monitoring Criteria

### *Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Dates From/Thru** - The dates of nutrition education provided to be queried on. This field is required.

**Report Level** - Drop down list showing level of printing (State, Local Agency, Local Agency/Clinic, State/Local Agency). This field is required.

**Report Style** - Drop down list showing detail of printing (Summary and Detail or Summary Only). This field is required.

### *Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.8.2** : Nutrition Education Monitoring Report**Error! No topic specified.****Figure 246** - Nutrition Education Monitoring Report

**Section 2 - 4.3.8.3** : Nutrition Education Monitoring Summary Report

**Error! No topic specified.**

**Figure 247** - Nutrition Education Monitoring Summary Report

*Calculations*

Total attendees by topic by date by clinic.

Total missed by topic by date by clinic.

*Background Processes*

None



## Enrollment and Certification

**Section 2 - 4.3.9** : Second Nutrition Education Contact

**Priority:** Required

**Window:** Second Nutrition Education Contact Criteria

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a report of second nutrition education scheduled and provided during a specified time frame.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

CATEGORY ID (ASC)

CLIENT ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.3.9.1 : Second Nutrition Education Contact Criteria

CR\_SCNDRY\_NUTR\_ED: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: SECONDARY NUTRITION EDUCATION

Output Device:

Filename:

Number of Copies:

From Date:  Thru:

Level:

**Figure 248** - Second Nutrition Education Contact Criteria

### Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**From Date/Thru** - The date range that the report will select records on. This field is required.

**Report Level** - The level of reporting that will be produced. Choices are LA/Clinic Detail, State/LA Detail, State Summary, and LA Summary. This field is required.

### Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.9.2** : Second Nutrition Education Contact Report

**Error! No topic specified.**

**Figure 249** - Second Nutrition Education Contact Report

**Section 2 - 4.3.9.3** : Second Nutrition Education Contact Summary Report

**Error! No topic specified.**

**Figure 250** - Second Nutrition Education Contact Summary Report

*Calculations*

**Certifications** - Total certifications by category.

**Secondary NE Contacts** - Total attendees by category.

**Ratio** - The ratio of second NE contacts to certifications.

Clinic Totals:

**Certifications** - Total certifications by clinic.

**Secondary NE Contacts** - Total attendees by clinic.

**Ratio** - The ratio of second NE contacts to certifications.

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.10** : Income Documentation

**Priority:** Required

**Window:** Income Documentation

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a report of the number of WIC Participants using each method of documenting income. Each individual documenting method is counted and there is mixing of incomes verified by different methods.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

INCOME VERIFICATION DESCRIPTION (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.10.1 : Income Documentation Criteria**

CR\_INCOME\_VERIFCTN: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: INCOME VERIFICATION

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: Local Agency/Clinic

**Figure 251** - Income Documentation Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The level of reporting that will be produced. Choices are LA/Clinic, State/LA, State, and Local Agency. If State or Local Agency is selected the Summary report is produced. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.10.2 : Income Documentation Report**

**Error! No topic specified.**

**Figure 252 - Income Documentation Report**



**Section 2 - 4.3.10.3 : Income Documentation Summary Report**

**Error! No topic specified.**

**Figure 253 - Income Documentation Summary Report**

*Calculations*

Count of enrollees by income verification method by family size by clinic and local agency.

Average amount of income by income verification method by clinic and local agency.

Average monthly income by income verification method by clinic and local agency.

Count of enrollees by family size by clinic and local agency.

Average monthly income by method by clinic and local agency.

Average adjunctively eligible income by family size by clinic and local agency.

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.11** : Food Packages by Category

**Priority:** Required

**Window:** Food Packages by Category

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a listing of food packages by category.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)  
FOOD PACKAGE ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.3.11.1 : Food Packages by Category Criteria

CR\_FOOD\_PATTERN\_CAT: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: FOOD PACKAGES BY CATEGORY

Output Device: PREVIEW

Filename:

Number of Copies: 1

Food Package Prescription Effective Dates

From: Thru:

Report Level: Local Agency

**Figure 254** - Food Packages by Category Criteria

### Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Food Package Effective Dates From/Thru** - The food package prescription date range that the report will select records on. This field is required.

**Report Level** - The level of reporting that will be produced. Choices are Local Agency or State. This field is required.

### Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.11.2 : Food Packages by Category Report**

**Error! No topic specified.**

**Figure 255** - Food Packages by Category Report

**Section 2 - 4.3.11.3 : Food Packages by Category Summary Report****Error! No topic specified.****Figure 256** - Food Packages by Category Summary Report

*Calculations*

Category Counts = Count of participants by category and package ID

Row Totals = Count of participants across all categories by package ID.

Local Agency Column Totals = Sum(Category column)

State Agency Column Totals = Sum(Category column)

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.12** : Formula Usage

**Priority:** Required

**Window:** Formula Usage Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window provides information on a statewide basis regarding the issuance of different formula types (regular infant formulas and / or “special” formulas). The report is used to monitor adherence to state policy regarding formula issuance, to detail expenditures for formula type, and / or to alert management of participants received certain formula types in the event of a formula recall.

**Sort Criteria (Major to Minor):**

CATEGORY ID (ASC)ORGANIZATIONAL UNIT CODE (ASC)

FOOD ID (ASC)

FOOD ID (ASC)LAST NAME (ASC)FIRST NAME (ASC)

FOOD ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification



## Section 2 - 4.3.12.1 : Formula Usage Criteria

Arizona Department of Health  
WIC System  
Report: FORMULA USAGE

Output Device:

Filename:

Number of Copies:

Issue Month:  Year:

**Figure 257** - Formula Usage Criteria

### Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Issue Month** - The month that the report will select records on. This field is required.

**Year** - The year that the report will select records on. This field is required.

### Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.12.2 : Formula Exception Usage Report****Error! No topic specified.****Figure 258** - Formula Usage Report*Calculations*

Participants - Count of participants by formula type and food package.

*Background Processes*

None

## **Enrollment and Certification**

**Section 2 - 4.3.13** : Alcohol and Drug Prevalence

**Priority:** Required

**Window:** Alcohol and Drug Prevalence Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This report will give the number and percentage of women in each category using alcohol (in specific amounts) and drugs at enrollment to WIC and at re-certification visit.

The information can be used to determine if WIC intervention made a difference in use and or amount of usage of alcohol or drugs.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

CATEGORY (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.3.13.1 : Alcohol and Drug Prevalence Criteria

CR\_ALCOHOL\_DRUG\_PREV: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: ALCOHOL AND DRUG PREVALENCE

Output Device:

Filename:

Number of Copies:

Dates From:  Thru:

Level:

**Figure 259** - Alcohol and Drug Prevalence Criteria

### Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Dates From/Thru** - The date range that the report will select records on. This field is required.

**Report Level** - The level of reporting that will be produced. Choices are LA/Clinic, State/LA, State, and Local Agency. If State or Local Agency is selected the Summary report is generated. This field is required.

### Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.13.2 : Alcohol and Drug Prevalence Report**

**Error! No topic specified.**

**Figure 260 - Alcohol and Drug Prevalence Report**

**Section 2 - 4.3.13.3 : Alcohol and Drug Prevalence Summary Report**

**Error! No topic specified.**

**Figure 261 - Alcohol and Drug Prevalence Summary Report**

### *Calculations*

#### Clinic Calculations:

Count of participants by category by drinks per week (drinks/day x drinking days/week) by clinic at enrollment.

Percentage of participants by category by drinks per week (drinks/day x drinking days/week) by clinic at enrollment.

Count of participants by category by drug usage by clinic.

Percentage of participants by category by drug usage by clinic at enrollment

Count of participants by category by drinks per week (drinks/day x drinking days/week) by clinic at re-certification.

Percentage of participants by category by drinks per week (drinks/day x drinking days/week) by clinic at re-certification.

Count of participants by category by drug usage by clinic at re-certification.

Percentage of participants by category by drug usage by clinic at re-certification

#### Local Agency Calculations:

Count of participants by category by drinks per week (drinks/day x drinking days/week) by Local Agency at enrollment.

Percentage of participants by category by drinks per week (drinks/day x drinking days/week) by Local Agency at enrollment.

Count of participants by category by drug usage by Local Agency.

Percentage of participants by category by drug usage by Local Agency at enrollment

Count of participants by category by drinks per week (drinks/day x drinking days/week) by Local Agency at re-certification.

Percentage of participants by category by drinks per week (drinks/day x drinking days/week) by Local Agency at re-certification.

Count of participants by category by drug usage by Local Agency at re-certification.

Percentage of participants by category by drug usage by Local Agency at re-certification

#### State Agency Calculations:

Count of participants by category by drinks per week (drinks/day x drinking days/week) Statewide at enrollment.

Percentage of participants by category by drinks per week (drinks/day x drinking days/week) Statewide at enrollment.

Count of participants by category by drug usage Statewide.

Percentage of participants by category by drug usage Statewide at enrollment

Count of participants by category by drinks per week (drinks/day x drinking days/week) Statewide at re-certification.

Percentage of participants by category by drinks per week (drinks/day x drinking days/week) Statewide at re-certification.

Count of participants by category by drug usage Statewide at re-certification.

Percentage of participants by category by drug usage Statewide at re-certification

### *Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.14** : Nutritional Risks by Category

**Priority:** Required

**Window:** Nutritional Risks by Category Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window provides the number and percent of caseload by nutritional risk factor and category. It can be used to track the number / percentage of participants in each risk factor for each category. The user can select to run either a detailed report, which will provide risk/client information by each category, or a summary report, which offers risk/client information by total women, infants, and children.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)  
CATEGORY (DESC)  
RISK FACTOR (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification



## Section 2 - 4.3.14.1 : Nutritional Risk by Category Criteria

CR\_NUTR\_RISK\_BY\_CAT: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: NUTRITIONAL RISKS BY CATEGORY

Output Device: PREVIEW

Filename:

Number of Copies: 1

Issue Dates From: Thru:

Level: STATE

Type: SUMMARY

**Figure 262** - Nutritional Risk by Category Criteria

### Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Level** - The level of reporting that will be produced. Choices are LA/Clinic, State/LA, State, and Local Agency. This field is required.

**Type** - Options for the type of report to produce are Summary and Detail. This field is also required.

### Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.14.2 : Nutritional Risk by Category Report**

**Report Name:** CR\_NUTR\_RISK\_BY\_CAT  
**Report Date:** MM/DD/YYYY

**Arizona WIC Program**  
**NUTRITIONAL RISK BY CATEGORY**  
**From: MM/DD/YYYY Thru: MM/DD/YYYY**  
**(Report Level)**  
**DETAIL**

**Report No:** CR2415  
**Page:** 999999

**Local Agency:** XX XXXXXXXXXXXXXXXXXXXX

**Clinic:** XX XXXXXXXXXXXXXXXXXXXX

Nutritional Risk	{W CAT} PCT	{W CAT} PCT	W/Total PCT	{I CAT} PCT	{I CAT} PCT	I/Total PCT	{C CAT} PCT	{C CAT} PCT	C/Total PCT	RF Total PCT
999	99999999	99999999	99999999	99999999	99999999	99999999	99999999	99999999	99999999	99999999
XXXXXXXXXXXX	999.99%	999.99%	999.99%	999.99%	999.99%	999.99%	999.99%	999.99%	999.99%	999.99%

**Figure 263** - Nutritional Risk by Category Report

**Report Name:** CR\_NUTR\_RISK\_BY\_CAT  
**Report Date:** MM/DD/YYYY

Arizona WIC Program  
**NUTRITIONAL RISK BY CATEGORY**  
From: MM/DD/YYYY Thru: MM/DD/YYYY  
(Report Level)  
**SUMMARY**

**Report No:** CR2415  
**Page:** 999999

**Local Agency:** XX XXXXXXXXXXXXXXXXXXXXXXXX

**Clinic:** XX XXXXXXXXXXXXXXXXXXXXXXXX

<b>Nutritional Risk</b>	<b>W/Total PCT</b>	<b>I/Total PCT</b>	<b>C/Total PCT</b>	<b>RF Total PCT</b>
999	99999999	99999999	99999999	99999999
XXXXXXXXXXXX	999.99%	999.99%	999.99%	999.99%

**Section 2 - 4.3.14.3** : Nutritional Risk by Category Summary Report

**Figure 264** - Nutritional Risk by Category Summary Report

*Calculations*

Participant Number – COUNT (Participants) for the Category and Nutritional Risk Factor

% – Participant Number by Category / Total Participation

(W)omen Total – Total all participants in the following categories (EN, PN, P, PG1 & PG2)

(I)nfants Total – Total all participants in the following categories (IFF, IEN & IPN)

(C)hildren Total – Total all participants in the following categories (C1, C2, C3, C4, & C5)

Risk Factor (RF) Total – Women Total + Infants Total + Children Total

Total Participation – COUNT all Participants

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.15** : Entry into WIC by Women

**Priority:** Required

**Window:** Entry into WIC by Women Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces entry into WIC for all pregnant and postpartum WIC women by source of health care provider. It is used to track the types of health care pregnant and postpartum women are using, and the timeliness of their referral to WIC.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)  
SOURCE HEALTH CARE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.3.15.1 : Entry into WIC by Women Criteria

CR\_TRIMESTER\_ENTRY: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: ENTRY INTO WIC BY WOMEN

Output Device: PREVIEW

Filename:

Number of copies: 1

Issue Dates From: Thru:

Report Level: LA/Clinic

**Figure 265** - Entry into WIC by Women

### Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Issue Dates From/Thru** - The date range that the report will select records on. This field is required.

**Report Level** - The level of reporting that will be produced. Choices are LA/Clinic, State/LA, State , and Local Agency. If State or Local Agency is selected the Summary report is generated. This field is required.

### Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.15.2** : Entry into WIC by Women Report

**Error! No topic specified.**

**Figure 266** - Entry into WIC by Women Report

**Section 2 - 4.3.15.3 : Entry into WIC by Women Summary Report**

**Error! No topic specified.**

**Figure 267 - Entry into WIC by Women Summary Report**



*Calculations***1st (0 - 13 Weeks), 2nd (14 - 26 Weeks), 3rd (27+ Weeks)**

Count of pregnant participants by source of health care by trimester of entry into WIC by Report Level.

Percentage of pregnant participants by source of health care by trimester of entry into WIC by Report Level x 100%.

**Total Pregnant**

Count of pregnant participants by source of health care by Report Level.

Percentage of pregnant participants by source of health care by Report Level x 100%.

**Postpartum**

Count of postpartum women by source of health care by Report Level.

Percentage of postpartum women by source of health care by Report Level x100%.

**Total Women**

Count of women participants by source of health care by Report Level.

Percentage of women participants by source of health care by Report Level x 100%.

**Local Agency / State Totals****1st (0 - 13 Weeks), 2nd (14 - 26 Weeks), 3rd (27+ Weeks)**

Count of pregnant participants by trimester of entry into WIC by Report Level.

Percentage of pregnant participants by trimester of entry into WIC by Report Level x 100%.

**Total Pregnant**

Count of pregnant participants by Report Level.

Percentage of pregnant participants by Report Level x 100%.

**Postpartum**

Count of postpartum women by Report Level.

Percentage of postpartum women by Report Level x100%.

**Total Women**

Count of women participants by Report Level.

Percentage of women participants by Report Level x 100%.

Report Level referenced in the above calculations is either Clinic, Local Agency, or State depending on the Report Level selected on the parameter screen.

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.16** : Client Transfers

**Priority:** Required

**Window:** Participant Transfers Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This window provides information on all in-state transfers.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

CLIENT ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.16.1 : Client Criteria**

CR\_CLIENT\_TRANSFERS: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: CLIENT TRANSFERS

Output Device: PREVIEW

Filename:

Number of Copies: 1

Transfer Dates From: Thru:

**Figure 268 - Client Transfers Criteria***Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Transfer Dates From/Thru** - The date range that the report will select records on. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.16.2 : Client Transfers Report**

**Error! No topic specified.**

**Figure 269** - Client Transfers Report

*Calculations*

None

*Background Processes*

This report is generated through the end of day process at both the gaining and losing agency.

## **Enrollment and Certification**

**Section 2 - 4.3.17** : Dual Enrollment / Participation

**Priority:** Required

**Window:** Dual Enrollment / Participation Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

List of possible dual enrollment/participation for local agency research and response to the State WIC Agency. The user has the option to run 1 of 3 dual enrollment reports, the AZ WIC vs AZ CSF, InterAgency report. The AZ WIC vs AZ CSF report lists all potential dual enrollee/participation between and within WIC and CSF that have not been previously resolved. The Inter-Agency reports list potential dual enrollee/participation between the state WIC agency and ITCA or Navajo Nation WIC agencies. Prior to running either of the Inter Agency reports, the user must load the Participation file from the other Agency by running the "Inter Agency File Upload" screen in the System Administration module.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

CLIENT ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand, (monthly) or daily as part of End of Day

**Role(s):** Enrollment and Certification

## Section 2 - 4.3.17.1 : Dual Enrollment / Participation Criteria

CR\_DUAL\_ENROLLMENT: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System

Report: DUAL ENROLLMENT/PARTICIPATION

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report: AZ WIC vs AZ CSFP

**Figure 270** - Dual Enrollment / Participation Criteria

### Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report** - The dual enrollment report to run. The available options are AZ WIC vs AZ CSFP or Inter-Agency. This field is required.

### Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.17.2 : Dual Enrollment / Participation AZ WIC vs AZ CSFP Report**

**Error! No topic specified.**

**Figure 271 - Dual Enrollment / Participation AZ WIC vs AZ CSFP Report**

**Section 2 - 4.3.17.3 : Dual Enrollment / Participation Interagency Report**

**Error! No topic specified.**

**Figure 272 - Dual Enrollment / Participation Interagency Report**



*Calculations*

None

*Background Processes*

The WIC Type column contains the Category of the participant. The Prog. Code column contains one of the following codes, State WIC - WC, CSF - CP, ITCA WIC - IT, Navajo Nation WIC - NN. The issue site applies to CSF, for WIC participants this column will be the same as the CLN column.

The criteria used to determine dual enrollment/participant candidates are:

- 1<sup>st</sup> Four Characters of Last Name

- 1<sup>st</sup> Six Characters of First Name

- Birth Month and Year

- Gender

## Enrollment and Certification

**Section 2 - 4.3.18** : WIC Ethnic Group Participation

**Priority:** Required

**Window:** WIC Ethnic Group Participation Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window provides a summary listing of the ethnic groups participating in the WIC program and the number of Participants and percentages each ethnic group contains.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL VALUE (ASC)

RACE (ASC)

ETHNIC GROUP (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.3.18.1 : WIC Ethnic Group Participation Criteria

CR\_ETHNIC\_GRP\_PART: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: ETHNIC GROUP PARTICIPATION

Output Device: PREVIEW

Filename:

Number of Copies: 1

Issue Dates From: Thru:

Report Level: Local/Clinic

**Figure 273** - WIC Ethnic Group Participation Criteria

### Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Issue Dates From/Thru** - The date range that the report will select records on. This field is required.

**Report Level** - The reporting level that will be produced. This field is required.

### Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.18.2 : WIC Ethnic Group Participation**

**Error! No topic specified.**

**Figure 274 - WIC Ethnic Group Participation**

**Section 2 - 4.3.18.3 : WIC Ethnic Group Participation Summary Report**

**Error! No topic specified.**

**Figure 275 - WIC Ethnic Group Participation Summary Report**

*Calculations*

Total by ethnicity, priority and category (women).  
 Percent by ethnicity, priority and category (women).  
 Totals by ethnicity, priority and category (infant).  
 Percent by ethnicity, priority and category (infant).  
 Totals by ethnicity, priority and category (children).  
 Percent by ethnicity, priority and category (children).

## Ethnicity by Category

Ethnic Code	cat #1		cat #2		cat #3		cumulative
	P#	P#	P#	P#	P#	P#	
XXX	####	####	####	####	####	####	#### (Row Total)
	%R	%R	%R	%R	%R	%R	100%
	%C	%C	%C	%C	%C	%R	% TC
XXX	####	####	####	####	####	####	#### (Row Total)
	%R	%R	%R	%R	%R	%R	100%
	%C	%C	%C	%C	%C	%R	% TC
XXX	####	####	####	####	####	####	#### (Row Total)
	%R	%R	%R	%R	%R	%R	100%
	%C	%C	%C	%C	%C	%R	% TC
Total	tot C	tot C	tot C	tot C	tot C	tot C	total all
	%Cat	%Cat	%Cat	%Cat	%Cat	%Cat	

% R = percent in this ethnic group that fell into this category (row percentages)  
 (ex. xx% of the Hispanic Women in WIC were Pregnant/Women priority 1)

$$= \frac{\text{Participants in this ethnic group, category and priority}}{\text{total \# participants in this ethnic group}} \times 100$$

% C = percent of participants in this category that are in this ethnic group (column percentages)  
 (ex. xx% of the Pregnant/Women who were Hispanic)

$$= \frac{\text{Participants in this ethnic group, category and priority}}{\text{total \# participants in this category}} \times 100$$

% TC = percent of total participants within this ethnic group (total column percentage)  
(ex. xx% of WIC participants who were Hispanic)

$$= \frac{\text{Participants in this ethnic group}}{\text{total \# WIC participants}} \times 100$$

tot C = total # participants in this category

% cat = percent of WIC participants in this category  
(ex. xx% of WIC participants that were Pregnant/Women)

$$= \frac{\text{Participants in this category (column total)}}{\text{total \# WIC participants}} \times 100$$

P#: priority number

####: Counts by ethnic group

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.19** : High Risk Participants

**Priority:** Required

**Window:** High Risk Participants Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a listing of participants whose priority level and risk factors place them at high risk.

**Sort Criteria (Major to Minor):**

PRIORITY (ASC)

LAST NAME (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification



**Section 2 - 4.3.19.1 : High Risk Participants Criteria**

CR\_HIGH\_RISK\_PART: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

Report: HIGH RISK PARTICIPANTS

Output Device: PREVIEW

Filename:

Number of Copies: 1

Issue Month & Year From: Thru:

**Figure 276** - High Risk Participants Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Issue Month & Year From/Thru** - The date range that the report will select records on. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.19.2 : High Risk Participants Report**

**Error! No topic specified.**

**Figure 277** - High Risk Participants Report

*Calculations*

**Total** - The number of high risk participants for each local agency.

*Background Processes*

None

## **Enrollment and Certification**

**Section 2 - 4.3.20** : Pregnant Participants

**Priority:** Required

**Window:** Pregnant Participants Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window provides an alphabetical listing of all pregnant participants including their telephone numbers and expected delivery dates.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

EXPECTED DELIVERY DATE (ASC)

LAST NAME (ASC)

FIRST NAME (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.3.20.1 : Pregnant Participants Criteria

CR\_PREGNANT\_PART: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: PREGNANT PARTICIPANTS

Output Device:

Filename:

Number of Copies:

Expected Delivery Dates:

From:  Thru:

Level:

**Figure 278** - Pregnant Participants Criteria

### Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Expected Delivery Date From/Thru** - The date range that the report will select records on. This field is required.

**Report Level** - The reporting level that will be produced. The available options are State, State/Local Agency, Local Agency, Local Agency/Clinic. This field is required.

### Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.20.2 : Pregnant Participants Report**

**Error! No topic specified.**

**Figure 279** - Pregnant Participants Report

**Section 2 - 4.3.20.3 : Pregnant Participants Summary Report**

**Error! No topic specified.**

**Figure 280 - Pregnant Participants Summary Report**

*Calculations*

**Clinic Total** = Count(Pregnant Participants in the clinic with Expected delivery dates in date range)

**Local Agency Total** = Count(Pregnant Participants in the Local Agency with Expected delivery dates in date range)

**State Total** = Count(Pregnant Participants across the state with Expected delivery dates in date range)

*Background Processes*

A 'Y' in the Phone or Mail column indicates the staff may call/send to the participant, 'N' indicates the staff may not call/send to the participant.



## Enrollment and Certification

**Section 2 - 4.3.21** : Priority 1, 2, 3

**Priority:** Required

**Window:** Priority 1, 2, 3 Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window displays the number and percent of priorities 1,2,3's served each month and the percent increase or decrease for each priority. The report is used to track the number of 1,2,3's served and to target unserved high risk groups through outreach efforts.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

CATEGORY ID (ASC)

PRIORITY (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.21.1 : Priority 1,2,3 Criteria**

CR\_PRIORITY\_123: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: PRIORITY 1,2,3

Output Device: PREVIEW

Filename:

Number of Copies: 1

Level: STATE

Issue Month: JAN Year:

**Figure 281** - Priority 1,2,3 Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

**Issue Month** - The user may enter the month that the report will select records on. This field is required.

**Year** - The user may enter the year that the report will select records on. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.21.2** : Priority 1,2,3 Report

**Error! No topic specified.**

**Figure 282** - Priority 1,2,3 Report

**Section 2 - 4.3.21.3 : Priority 1,2,3 Summary Report**

**Error! No topic specified.**

**Figure 283** - Priority 1,2,3 Summary Report

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*Calculations*

**Number Served** - Count(participants for the month by category and priority)

**% Change Prev. Month** - Percentage of change (Increase or Decrease) in participation by category and priority over the previous month.  $((\text{Current month's participation by category and priority} / \text{Previous month's participation by category and priority}) - 1) \times 100$

**% Change Prev. Year** - Percentage of change in participation (Increase or Decrease) by category and priority over the same month in the previous fiscal year.  $((\text{Current year's participation by category and priority} / \text{Previous year's participation by category and priority}) - 1) \times 100$

**Clinic Total (Number Served)** - Sum(Number Served)

**Clinic Total (%Change Prev. Month)** -  $((\text{Current month's participation} / \text{Previous month's participation}) - 1) \times 100$

**Clinic Total (%Change Prev. Year)** -  $((\text{Current month's participation} / \text{Previous month's participation}) - 1) \times 100$

**State Total (Number Served)** - Sum(Number Served)

**State Total (%Change Prev. Month)** -  $((\text{Current month's participation} / \text{Previous month's participation}) - 1) \times 100$

**State Total (%Change Prev. Year)** -  $((\text{Current month's participation} / \text{Previous month's participation}) - 1) \times 100$

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.22** : Terminations

**Priority:** Required

**Window:** Terminations Report Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This window provides information on all of terminations that have occurred during a user specified time frame. All terminations are shown whether they were system generated or manually entered.

**Sort Criteria (Major to Minor):**

TERMINATION REASON (ASC)  
PARTICIPANT NAME

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.22.1 : Terminations Criteria**

The screenshot shows a window titled "Terminations Report" with a menu bar (File, Edit, View, Help) and a toolbar. The main content area is divided into several sections:

- A header section with the text: "Arizona Department of Health", "WIC System", and "Report: TERMINATIONS".
- A section with the following fields:
  - "Output Device:" with a dropdown menu showing "PREVIEW".
  - "Filename:" with a text input field.
  - "Number of Copies:" with a text input field containing the value "1".
- A section with the following fields:
  - "Level:" with a dropdown menu showing "STATE/LOCAL".
  - "Report Style:" with a dropdown menu showing "SUMMARY/DETAIL".
  - "Termination Date From:" and "Thru:" with text input fields.

**Figure 284 - Terminations Criteria***Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

**Report Style** - Whether report is summary/detail or summary only report. This field is required.

**Termination Date From/Thru** - The date range that the report will select records on. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.



**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.22.2 : Terminations Report**

**Error! No topic specified.**

**Figure 285 - Terminations Report**

**Section 2 - 4.3.22.3 : Terminations Summary Report**

**Error! No topic specified.**

**Figure 286** - Terminations Summary Report

*Calculations*

**Count** - Count of all terminations by reason by organizational unit.

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.23** : Transactions

**Priority:** Required

**Window:** Transactions Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window provides a listing of Participant certification, recertification and re-enrollment transactions. Certification is defined as the initial certification into the WIC Program. Recertification is a follow on certification based upon a previous certification with no break in enrollment. Re-enrollment is certification after a break in enrollment.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

LAST NAME (ASC)

FIRST NAME (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.23.1 : Transactions Criteria**

CR\_TRANSACTIONS\_RPT: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: TRANSACTIONS

Output Device: PREVIEW

Filename:

Number of Copies: 1

Certification Start Dates

From: Thru:

Report Level: LOCAL/CLINIC

Report Style: SUMMARY/DETAIL

**Figure 287** - Transactions Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The number of copies of this report to be generated. This field is optional, the default is one.

**Certification Start Dates From/Thru** - The certification start date range the report will select records on. This field is required.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

**Report Style** - Whether report is summary/detail or summary only report. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.23.2 : Transactions Report**

**Error! No topic specified.**

**Figure 288 - Transactions Report**

**Section 2 - 4.3.23.3** : Transactions Summary Report

**Error! No topic specified.**

**Figure 289** - Transactions Summary Report



*Calculations*

Transaction type is derived from system data.  
Count of transaction types by clinic.  
Count of transaction types by local agency.

*Background Processes*

The three transaction types are Certification, Re-Certification, and Re-Enrollment. Certification is defined as participants certified and found eligible for the program. Re-Certified is defined as a participant with a previous certification period that ended within 1 year of the new certification period. Re-Enrollment is defined as a participant with a previous certification period that ended over one year from the start of the new certification period.

## Enrollment and Certification

**Section 2 - 4.3.24** : Services Due

**Priority:** Required

**Window:** Services Due Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces an alphabetical listing of participants due for re-certification, mid-certification, assessment, secondary education, and high risk contact.

**Sort Criteria (Major to Minor):**

- ORGANIZATIONAL UNIT CODE (ASC)

- LAST NAME (ASC)

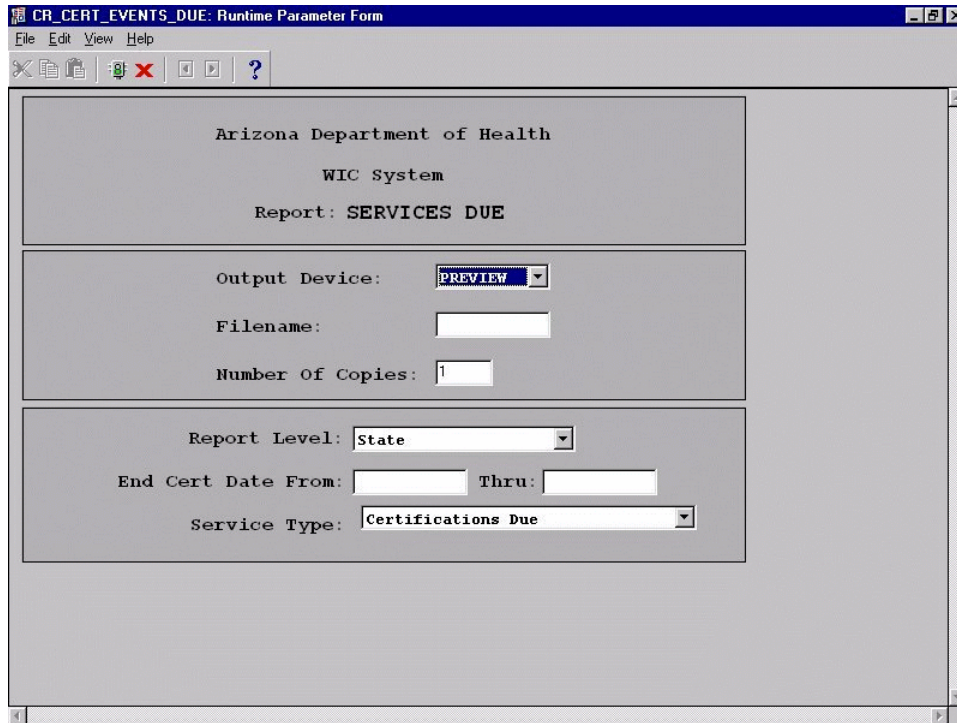
- FIRST NAME (ASC)

- SERVICE ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.24.1 : Services Due Criteria**

CR\_CERT\_EVENTS\_DUE: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: SERVICES DUE

Output Device: PREVIEW

Filename:

Number Of Copies: 1

Report Level: State

End Cert Date From: Thru:

Service Type: Certifications Due

**Figure 290 - Services Due Criteria***Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

**End Cert Date From/Thru** - The date range that the report will select records on. This field is required.

**Service Type** - The user may select the services to report on. The available options are: Certifications Due, High Risk Due, Mid-Certifications Due, Secondary Nutrition Education Due, or All. This field is Required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.24.2 : Services Due Report**

**Error! No topic specified.**

**Figure 291** - Services Due Report

**Section 2 - 4.3.24.3 : Services Due Summary Report**

**Error! No topic specified.**

**Figure 292** - Services Due Summary Report

*Calculations*

**Totals (Service)** - Count(services by service type by organizational unit)

**Totals (Local Agency)** - Count(services by Local Agency)

**Totals (State)** - Count(services by State)

*Background Processes*

The criteria used for the services are:

Certification Due - Part. With Certification end dates within the date range and are still categorically eligible.

High Risk Due - High risk participants without an individual nutrition education contact either attended during the current certification period or scheduled in the future during the current certification period.

Mid-Certification Due - Infants without a medical update during the 6 - 8 month of age time frame.

Secondary Nutrition Education Due - Participant 4 mo. Into their certification period that have not attended a second nutrition education appointment or scheduled for one in the future.

## Enrollment and Certification

### Section 2 - 4.3.25 : Conditional Certifications

**Priority:** Required

**Window:** Conditional Certifications Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This report provides information on all conditional certifications (Income, Medical or Nutritional reasons) who will be ending conditional certification. Participants with self declared income have a 30 day conditional certification period. Participants with risk factor 503 and participants without approved risk factors (and no other risk factors) and without bloodwork have a 60 day conditional certification period.

**Sort Criteria (Major to Minor):**

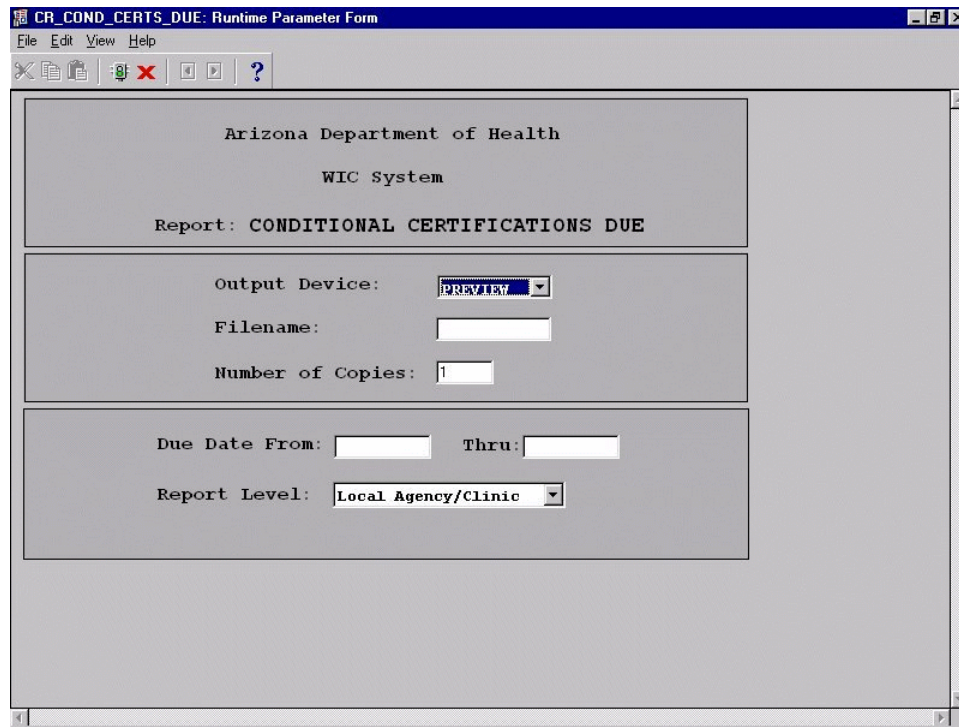
ORGANIZATIONAL UNIT CODE (ASC)

CLIENT ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.25.1 : Conditional Certifications Criteria**

CR\_COND\_CERTS\_DUE: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: CONDITIONAL CERTIFICATIONS DUE

Output Device: [Dropdown Menu]

Filename: [Text Box]

Number of Copies: [Text Box: 1]

Due Date From: [Text Box] Thru: [Text Box]

Report Level: [Dropdown Menu: Local Agency/Clinic]

**Figure 293** - Conditional Certifications Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Due Date From\Thru** - The approval due by date range that the report will select records on. This field is required.

**Report Level** - Drop down list showing organization levels (LA/Clinic, LA, State). This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.



**Cancel** - Clicking on this button allows the user to cancel the report.

**OK** - Exits the preview mode for the report.

**Section 2 - 4.3.25.2 : Conditional Certifications Report**

**Error! No topic specified.**

**Figure 294** - Conditional Certifications Report

*Calculations*

**Totals** - Count conditional certified Participants by organizational unit)

**Doc. Due Date** - (Certification start date + conditional period)

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.26** : Services Scheduled / Kept by Category

**Priority:** Required

**Window:** Services Scheduled / Kept by Category Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a listing of all appointment services that are scheduled and / or kept by category.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

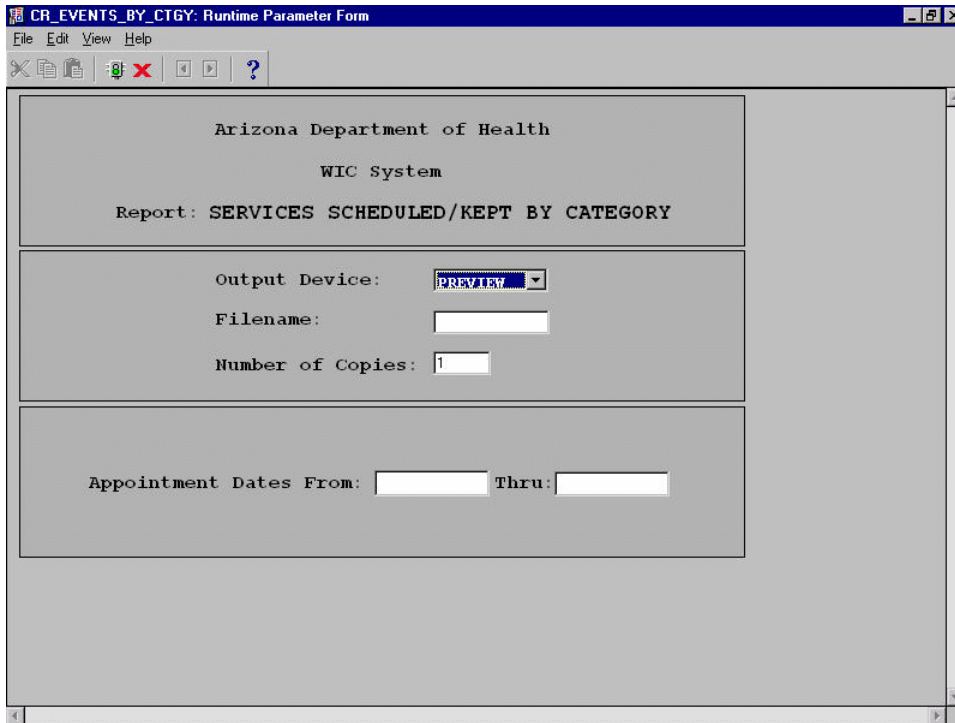
CATEGORY CODE (ASC)

SERVICE ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.26.1 : Services Scheduled / Kept by Category Criteria****Figure 295** - Services Scheduled / Kept by Category Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Appointment Dates From/Thru** - The date range of appointments the report will be run for. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.26.2 : Services Scheduled / Kept by Category Report**

**Error! No topic specified.**

**Figure 296** - Services Scheduled / Kept by Category Report

*Calculations*

**Appointments Kept** - The sum of appointments kept by Participants during the requested time frame for the organizational unit.

**Appointments Missed** - The sum of appointments missed by the Participants during the requested time frame for the organizational unit.

**No Show Rate** - The ratio of missed appointments to total appointments made expressed as a percentage.

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.27** : High Risk Appointments Scheduled

**Priority:** Required

**Window:** High Risk Appointments Scheduled Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This window provides information on upcoming appointments with high risk Participants. The window displays the service, topics and materials that will support the appointment.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

CLIENT ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.27.1 : High Risk Appointments Scheduled Criteria**

CR\_HI\_RISK\_APPTS\_DUE: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: HIGH RISK APPOINTMENTS SCHEDULED

Output Device: PREVIEW

Filename:

Number of Copies: 1

Appointment Dates From: Thru:

Report Level: STATE

**Figure 297** - High Risk Appointments Scheduled Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Appointment Dates From/Thru** - The date range that the report will select records on. This field is required.

**Report Style** - The user may choose to run the report as Summary/Detail or Summary.

**Report Level** - The user may choose to run the report for Local Agencies and Clinics, State Agency and Local Agencies or State level only. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.



**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.27.2 : High Risk Appointments Scheduled Report**

**Error! No topic specified.**

**Figure 298** - High Risk Appointments Scheduled Report

**Section 2 - 4.3.27.3 : High Risk Appointments Scheduled Summary Report**

**Error! No topic specified.**

**Figure 299** - High Risk Appointments Scheduled Summary Report

*Calculations*

**Total (Service)** - Count(high risk appointments by service)

**Totals (Clinic, Local Agency, State)** - Count(high risk appointments by Organizational Unit)

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.28** : Monitoring Visits Scheduled

**Priority:** Required

**Window:** Monitoring Visits Scheduled Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This report shows all Participants who are scheduled for monitoring visits. Information about the Participant and appointment is displayed. This report lists appointments with where the appointment type is 'MONITOR'.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

CLIENT ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.28.1 : Monitoring Visits Scheduled Criteria**

CR\_MID\_CERT\_HEALTH: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: MONITORING VISITS SCHEDULED

Output Device: PREVIEW

Filename:

Number of Copies: 1

Appointment Dates From: Thru:

Report Level: LOCAL AGENCY/CLINIC

**Figure 300** - Monitoring Visits Scheduled Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Appointment Date From/Thru** - The date range of monitoring appointments to be reported on. This field is required.

**Report Level** - Gives the choice of State/Local, Local/Clinic report type, Summary or Summary/Detail reporting. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.28.2 : Monitoring Visits Scheduled Report****Error! No topic specified.****Figure 301** - Monitoring Visits Scheduled Report

**Section 2 - 4.3.28.3** : Monitoring Visits Scheduled Summary Report

**Error! No topic specified.**

**Figure 302** - Monitoring Visits Scheduled Summary Report

*Calculations*

**Clinic Totals** - Count (scheduled monitoring visits)

**Number of Visits** - Count (scheduled monitoring visits by category and priority)

**Totals (State)** - Count(scheduled monitoring visits statewide)

*Background Processes*

None



## Enrollment and Certification

**Section 2 - 4.3.29** : List of Missed Appointments

**Priority:** Required

**Window:** List of Missed Appointments Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces an alphabetical listing of participants by service who missed appointments.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

SERVICE DESCRIPTION (ASC)

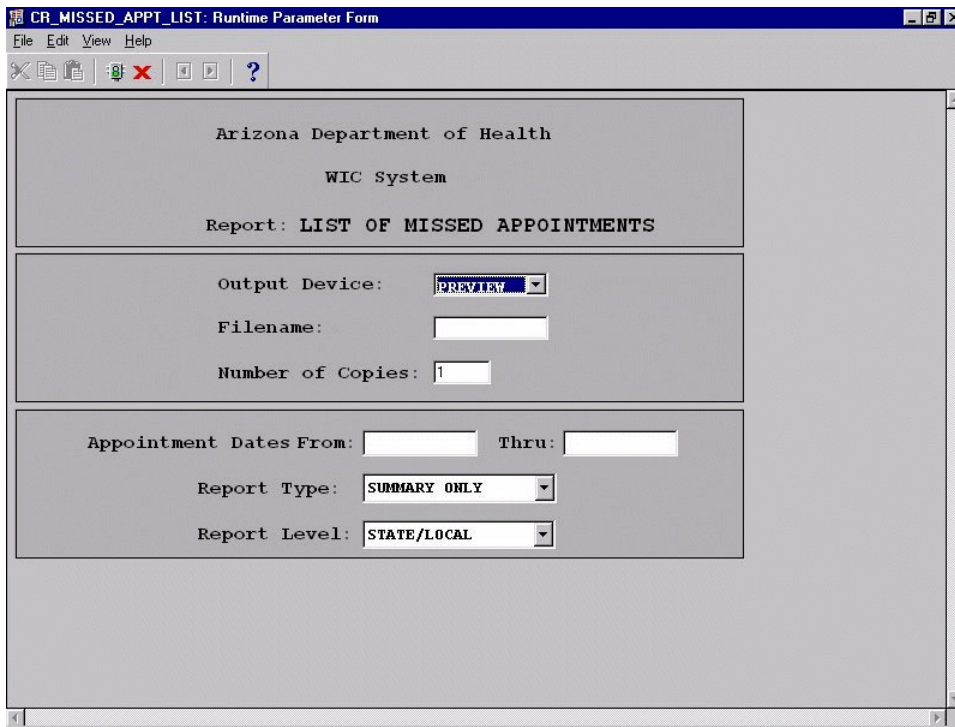
LAST NAME (ASC)

FIRST NAME (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.29.1 : List of Missed Appointments Criteria****Figure 303** - List of Missed Appointments Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Appointment Dates From/Thru** - The date range of appointments that the report will select records on. This field is required.

**Report Type** - Summary only or detail and summary reports. This field is required.

**Report Level** - Local Agency/Clinic or State/Local agency reports. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.29.2 : List of Missed Appointments Report****Error! No topic specified.****Figure 304** - List of Missed Appointments Report

**Section 2 - 4.3.29.3** : List of Missed Appointments Summary Report

**Error! No topic specified.**

**Figure 305** - List of Missed Appointments Summary Report

*Calculations*

- Count (Clinic)** - Count(missed services by service and within clinic)
- Count (Agency)** - Count(missed services by service within agency)
- Totals (State)** - Count(missed services statewide)

*Background Processes*

None

**Section 2 - 4.3.30** Precertified New Enrollments Report (*Formerly the Producing a Federal Time Line Processing Standards Report*)**Priority:** Required**Window:** Precertified New Enrollments**Report:** Yes**Narrative:**

This window allows the user to generate a report by Local Agency and Clinic which summarizes the identification of those Pregnant / Migrant and other Participants whose first appointments have been scheduled outside the Federal Processing Standards Guidelines for their category status. Pregnant and Migrant Worker appointments should be scheduled within 10 calendar days of their face to face contact with a WIC staff member and all others within 20 calendar days. First appointments scheduled outside of these processing guidelines will appear on this report. Note that the date used to measure compliance is not the date the appointment is made, but rather the date the appointment is scheduled for. The report also indicates whether the appointment has been rescheduled to indicate to the user that the original appointment may have been scheduled within the processing guidelines. In addition the report details for each record the number of days out of compliance the appointment is.

**Business Rules**

- This report will be reside in the Enrollment and Certification Module
- Records that appear on the report are to be determined from the Application Date on the Certification screen and clients who are receiving recerts will not appear on the report
- The categories displayed for clients appearing on the report will be obtained from the Client Category shown on the PreCertification screen
- The 10-day rule for the Precertified New Enrollments Report as it pertains to Pregnant and Migrant Workers will “start” only when the client has met with a staff member “face to face.”
- A client will be deemed as served out of compliance if the Appointment Date less the Date\_Created on the Precertification record is greater than 10 calendar days for Pregnant and Migrant Workers or if the value is greater than 20 days for all other client categories.
- If a Client was previously enrolled in WIC, and she is receiving a Recertification service because she is pregnant again, she won’t show on this report.

**Data Current As Of:** Run Time**Frequency:** On Demand**Role(s):**

Role Name	View Only
REPORTS	N
VIEWER	Y
SA_OPERATIONS	N

SA_VIEWER_1	Y
AZ_DEVELOPER	N
SUPERINTENDENT	N
SYSADM	N
APPT_SCHEDULER	N



**Section 2 - 4.3.30.1 : Precertified New Enrollments Parameter Form**

The screenshot shows a Windows 95/NT application window titled "Report Builder for Windows 95 / NT - [ccr\_new\_enroll: Runtime Parameter Form]". The window has a menu bar with "File", "Edit", "View", and "Help". Below the menu bar is a toolbar with icons for file operations and a help icon. The main content area is divided into three sections. The top section is a header box containing the text "Arizona Department of Health", "WIC System", and "Report: PRECERTIFIED NEW ENROLLMENTS". The middle section contains three fields: "Output Device:" with a dropdown menu showing "PREVIEW", "Filename:" with a text input field, and "Number of Copies:" with a text input field containing the value "1". The bottom section contains three fields: "Report Type:" with a dropdown menu showing "ALL CLINICS", "Clinic:" with a dropdown menu showing "01 - DOWNTOWN", and "Dates From:" and "Thru:" with text input fields.

**Figure 306 – Precertified New Enrollments Form***Fields*

**Output Device** - The user may select from a drop down list: Preview, Screen, Printer, HTML, RTF, or PDF

**Filename** - If outputting to a file, the directory and filename are entered.

**Number of Copies** - If printer is selected (above) the number of copies desired is entered.

**Summary/Detail** – Clicking on the list of values allows the user to generate a report for either the Summary and Detail or just the Summary Level.

**Report Type** - Clicking on the list of values button allows the user to generate a report for all Clinics or a single Clinic. The user selectable values in this list are stored in a pre-programmed domain. The values stored in this domain are: CLINIC and ALL CLINICS.

**Clinic** - Clicking on the list of values button allows the user to select a Clinic to query on. For more information, please refer to the Organizational Units window in Operations Management. If CLINIC is selected in the Report Type field, then this field is used and is mandatory. If ALL CLINICS is selected, this field isn't used.

**Dates From** - The user may enter the earliest date that the report will select records on.

**Thru** - The user may enter the latest date that the report will select records on.

*Push Button(s)*

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button cancels the report execution / viewing.

**Section 2 - 4.3.30.2 : Precertified New Enrollments Form**

Report Name: AR\_PRECERT\_NEW\_ENROLL

Report Date: MM/DD/YYYY

Report No: AS1101

Page: ZZZ9

**Arizona WIC Program**  
**Precertified New Enrollments Report**

From: MM/DD/YYYY Thru: MM/DD/YYYY

Local Agency: XXXX XXXXXXXXXXXXXXXXXXXX Clinic: XX XXXXXXXXXXXXXXXXXXXX

Pregnant / Migrant

Participant Name	Category	Alias	Rescheduled	Days Out of Compliance	Walk-in/Phone
XXXXXXXXXXXX, XXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXX	Y / N	Z9	Walk-in
XXXXXXXXXXXX, XXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXX	Y / N	Z9	Phone
XXXXXXXXXXXX, XXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXX	Y / N	Z9	Phone
Pregnant / Migrant Totals: ZZZ9					

All Others

Participant Name	Category	Alias	Rescheduled	Days Out of Compliance	Walk-in/Phone
XXXXXXXXXXXX, XXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXX	Y / N	Z9	Walk-in
XXXXXXXXXXXX, XXXXXXXXXXXXXXX	XXXXXXXX	XXXXXXXX	Y / N	Z9	Phone
All Others Totals: ZZZ9					

**Walk-in**

Totals for reporting period: MM/DD/YYYY thru MM/DD/YYYY			
	Total	# Sched. Outside Processing Standards	% Sched. Outside Processing Standards
# of new certs.:	ZZZZZ9	ZZZZZ9	ZZ9%
# of new certs. for Pregnant/Migrant participants:	ZZZZZ9	ZZZZZ9	ZZ9%
# of new certs. for All Other participants:	ZZZZZ9	ZZZZZ9	ZZ9%

**Phone**

Totals for reporting period: MM/DD/YYYY thru MM/DD/YYYY			
	Total	# Sched. Outside Processing Standards	% Sched. Outside Processing Standards
# of new certs.:	ZZZZZ9	ZZZZZ9	ZZ9%
# of new certs. for Pregnant/Migrant participants:	ZZZZZ9	ZZZZZ9	ZZ9%
# of new certs. for All Other participants:	ZZZZZ9	ZZZZZ9	ZZ9%

**Figure 307 - New Enrollment Wait Time Report**

**Sort Criteria (Major to Minor):**

Organizational Unit Code (Ascending)  
Rescheduled (N)  
Participant Last Name (Ascending)  
Participant First Name (Ascending)  
Rescheduled (Y)  
Participant Last Name (Ascending)  
Participant First Name (Ascending)

*Calculations:*

**Pregnant / Migrant Totals** - SUM of # of Participants in Pregnant/Migrant section of report.

**All Others Totals** - SUM of # of Participants in All Others section of report.

**Days out of Compliance (Pregnant/Migrant)** - DIFFERENCE of Date of Participant's first appointment minus (the Participant's application date plus 10)

**Days out of Compliance (All Others)** - DIFFERENCE of Date of Participant's first appointment minus (the Participant's application date plus 20)

*Totals for reporting period***# of new certs.**

**Total** COUNT of Participant IDs which have a Certification Start Date within the From and Thru dates

**# Sched. Outside Processing Standards** SUM of Pregnant / Migrant Totals field + All Others Totals field

**% Sched. Outside Processing Standards** Result of: (# of new certs. scheduled outside processing standards divided by total # of new certs.) \* 100

**# of new certs. For Pregnant / Migrant Participants**

**Total** COUNT of Participant IDs which have a Certification Start Date within the From and Thru dates and are in the pregnant or migrant categories

**# Sched. Outside Processing Standards** SUM of # of Participants in Pregnant/Migrant section of report

**% Sched. Outside Processing Standards** Result of: (# of new certs. for Pregnant / Migrant Participants sched. outside processing standards divided by total # of new certs. for Pregnant divided by Migrant Participants) \* 100

**# of new certs. For All Other Participants**

**Total** COUNT of Participant IDs which have a Certification Start Date within the From and Thru dates and are not in the pregnant or migrant categories

**# Sched. Outside Processing Standards** SUM of Participants in All Others section of report

**% Sched. Outside Processing Standards** Result of : (# of new certs. for all other Participants scheduled outside processing standards divided by total # of new certs. for all other Participants) \* 100

*Background Processes:*

The Clinics available for selection by the user on the Parameter Form are based upon the Local Agency and Clinic codes entered by the user in the Arizona WIC -[Log On] screen.

## Enrollment and Certification

### Section 2 - 4.3.31 : Ineligibility Listing

**Priority:** Required

**Window:** Ineligibility Listing Initiation Window

**Report:** Yes

**FSRD Reference:** EP9.4, PP16.2

**Narrative:**

This Window provides information by clinic of the applicants who were denied certification.

**Criteria (Major to Minor):**

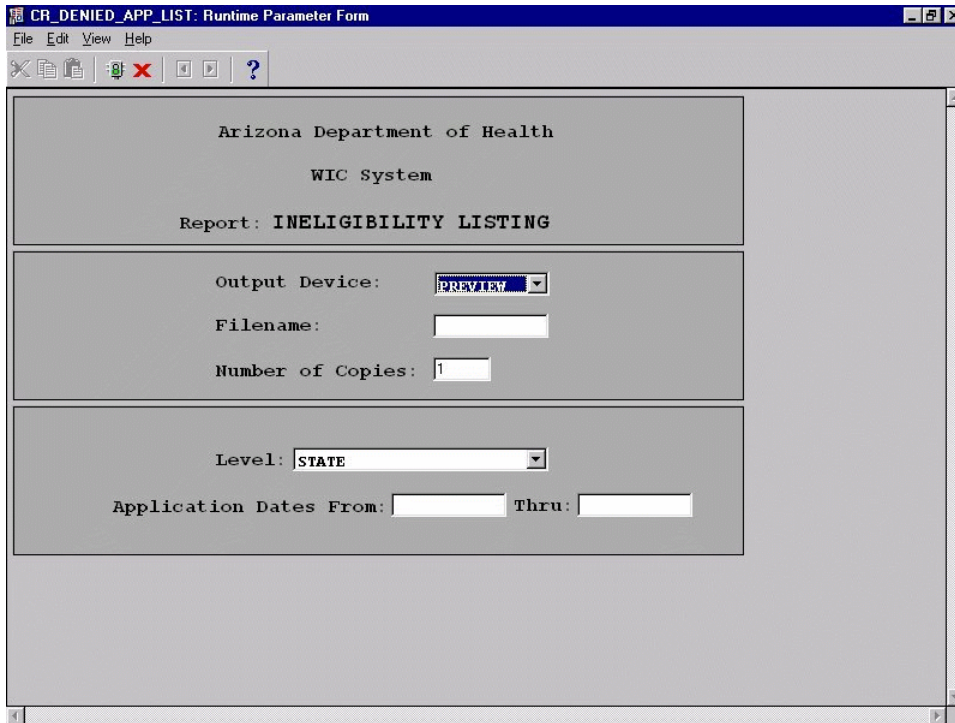
ORGANIZATIONAL UNIT ORG CODE (ASC)

CLIENT ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.31.1 : Ineligibility Listing Criteria**

CR\_DENIED\_APP\_LIST: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: INELIGIBILITY LISTING

Output Device: PREVIEW

Filename:

Number of Copies: 1

Level: STATE

Application Dates From: Thru:

**Figure 308** - Ineligibility Listing Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The level of reporting. State/local or local/clinic are available. This field is required.

**Application Dates From/Thru** - The date range that the report will select records on. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.31.2 : Ineligibility Listing Report**

**Error! No topic specified.**

**Figure 309** - Ineligibility Listing Report

**Section 2 - 4.3.31.3 : Ineligibility Listing Summary Report**

**Error! No topic specified.**

**Figure 310 - Ineligibility Listing Summary Report**



*Calculations*

**Count (Clinic)** - Count(denied applicants by clinic by reason)

**Count (Agency)** - Count(denied applicants by agency by reason)

*Background Processes*

The denial reasons listed in this report are driven from the termination reasons table.

## Enrollment and Certification

**Section 2 - 4.3.32** : Income Eligibility

**Priority:** Required

**Window:** Income Eligibility

**Report:** Yes

**FSRD Reference:** EP9.4, PP16.2

**Narrative:**

This Window produces statistical information by clinic about Participants' and applicants' income eligibility by participant.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

FAMILY SIZE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.3.32.1 : Income Eligibility Criteria

CR\_INCOME\_ELIGBLTY: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: INCOME ELIGIBILITY

Output Device: PREVIEW

Filename:

Number Of Copies: 1

Report Type: LOCAL/CLINIC

Application Dates From: Thru:

**Figure 311** - Income Eligibility Criteria

### *Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The level of reporting. State/local or local/clinic are available. This field is required.

**Application Dates From/Thru** - The date range that the report will select records on. This field is required.

### *Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.32.2 : Income Eligibility Report**

**Error! No topic specified.**

**Figure 312 - Income Eligibility Report**

*Fields*

**Participants** - The number of participants of the family size within the local agency and income poverty percentage range.

**Adjunct Eligibility** - The number of participants of the family size within the local agency and income range that possess adjunct eligibility.

**Total Income** - Total income for family size.

**WIC Total** - The number of WIC participants of all family sizes within the local agency and income poverty percentage range.

**CSF Total** - The number of CSF participants of all family sizes within the local agency and income poverty percentage range.

**WIC & CSF Total** - The number of WIC and CSF participants of all family sizes within the local agency and income poverty percentage range.

*Background Processes*

None

*Calculations*

None

## Enrollment and Certification

**Section 2 - 4.3.33** : Incomplete/Precertification Listing

**Priority:** Required

**Window:** Incomplete/Precertification Listing Initiation Window

**Report:** Yes

**FSRD Reference:** EP9.4, PP16.2

**Narrative:**

This Window provides information regarding applicants who are in a “pending” status. Pending refers to the fact that a certification event has been started and not completed for these applicants. This most often occurs for Participants who are pre-certified using a phone call interview with clinic staff.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

CLIENT APPLICATION DATE (ASC)

CATEGORY (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.33.1 : Incomplete / Precertification Listing Criteria**

CR\_PRECERT\_LISTING: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: INCOMPLETE/PRECERTIFICATION LISTING

Output Device: PREVIEW

File Name:

Number of Copies: 1

Report Level: LOCAL AGENCY/CLINIC

**Figure 313** - Incomplete / Precertification Listing Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - The type of reporting to be done. Available choices are state/local, state, local/clinic level. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.



**Cancel** - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.33.2 Incomplete / Precertification Listing Report

Report Date: MM/DD/YYYY

Arizona WIC Program

Page: ZZZ9

Incomplete / Precertification Listing  
(Report Level)

Local Agency: XX XXXXXXXXXXXX

Clinic: XX XXXXXXXXXXXX

Category: XXX XXXXXXXXXXXXXXXXXXXX

Client ID	Name	Contact Date
XXXXXXX	XXXXXXXX XXXXXXXXX	MM/DD/YYYY
XXXXXXX	XXXXXXXX XXXXXXXXX	MM/DD/YYYY
XXXXXXX	XXXXXXXX XXXXXXXXX	MM/DD/YYYY

Category: XXX XXXXXXXXXXXXXXXXXXXX

Totals: ZZZ,ZZ9

Clinic: XX XXXXXXXXXXXXXXXXXXXX

Totals: ZZZ,ZZ9

Figure 314 - Incomplete / Precertification Listing Report

**Section 2 - 4.3.33.3 : Incomplete / Precertification Listing Summary**

**Error! No topic specified.**

**Figure 315 - Incomplete / Precertification Listing Summary**

*Calculations*

**Totals (Category)** - Count(precertified enrollees by category and clinic)

**Totals (Clinic)** - Count(precertified enrollees by clinic)

**Summary Report**

**Totals (Category)** - Count(precertified enrollees by category and local agency)

**Totals (Local Agency)** - Count(precertified enrollees by local agency)

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.34** : Referrals To Listing

**Priority:** Required

**Window:** Referrals To Listing Initiation Window

**Report:** Yes

**FSRD Reference:** EP9.4, PP16.2

**Narrative:**

This Window provides information by local agency of Participants who were referred to programs and outreach organizations. Depending upon how programs and outreach organizations are structured, program and outreach organizations may have the same name. This is particularly true of small, local programs.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

OUTREACH ORGANIZATION ID (ASC)

PROGRAM ID (ASC)

CLIENT ID (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

## Section 2 - 4.3.34.1 : Referrals To Listing Criteria

**Figure 316** - Referrals To Listing Criteria

### *Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Referral Dates From/Thru** - The date range for the search at. This field is required.

**Report Level** - Local Agency/Clinic, State/Local Agency, State only. This field is required.

**Report Style** - Summary or Detail and Summary. This field is required.

### *Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.34.2 : Referrals To Listing Report**

Report Name: XXXXXXXXXXXX      Arizona WIC Program      Page: ZZZ9  
 Report Date: MM/DD/YYYY      Referral to Listing  
    (Report Level)  
    Date From MM/DD/YYYY Thru MM/DD/YYYY

Local Agency: XX XXXXXXXXXXXX      Clinic: XX XXXXXXXXXXXX

Outreach Organization: XXX XXXXXXXXXXXX

Program: XXX XXXXXXXXXXXX

<u>Client ID</u>	Name	Referral Date
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	MM/DD/YYYY
	XXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	MM/DD/YYYY
	XXXXXXXXXXXXXXXXXXXX	
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	MM/DD/YYYY
	XXXXXXXXXXXXXXXXXXXX	

Program: XXX XXXXXXXXXXXX      Totals: ZZ,ZZ9

Outreach Organization: XXX XXXXXXXXXXXX Totals: ZZ,ZZ9

Clinic: XX XXXXXXXXXXXX      Totals: ZZ,ZZ9

Local Agency: XX XXXXXXXXXXXX Totals: ZZ,ZZ9

**Figure 317 - Referrals To Listing Report**



**Section 2 - 4.3.34.3 : Referrals To Listing Summary Report**

**Error! No topic specified.**

**Figure 318** - Referrals To Listing Summary Report

*Calculations*

**Totals (Program)** -Count(Referrals by Program)

**Totals (Outreach Organization)** -Count(Referrals by Outreach Organization)

**Totals (Clinic)** -Count(Referrals by Clinic)

**Totals (Local Agency)** -Count(Referrals by Local Agency)

**Totals (State)** -Count(Referrals by State)

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.35** : Local Agency Wait Listed Applicants

**Priority:** Required

**Window:** Local Agency Wait Listed Applicants Initiation Window

**Report:** Yes

**FSRD Reference:** EP9.4, PP16.2

**Narrative:**

This Window provides information for local agencies about Participants who have been wait listed. This includes category and priority information as well as the date and method of how the Participant was notified.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL CODE (ASC)

PRIORITY (ASC)

DATE PLACED ON WAIT LIST (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.35.1 : Local Agency Wait Listed Applicants Criteria**

CR\_WAIT\_LIST: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: LOCAL AGENCY WAIT LISTED APPLICANTS

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: LOCAL AGENCY/CLINIC

Program: WIC

**Figure 319** - Local Agency Wait Listed Applicants Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - List box allowing printing of report via a level type (state/local, or local/clinic) reporting. This field is required.

**Program** - WIC or CSF. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

Section 2 - 4.3.35.2 : Local Agency Wait Listed Applicants Report

Report Date: MM/DD/YYYY

Arizona WIC Program  
(WIC/CSF) Local Agency Wait Listed Applicants  
(Report Level)

Page: ZZZ9

Local Agency: XX XXXXXXXXX

Clinic: XX XXXXXXXXXXXXXXXXXXXX

Priority: ZZ

<u>Date Placed on Wait List</u> MM/DD/YYYY	<u>Client ID</u> XXXXXXX	Name (Last , First) XXXXXXXXXXXXXX	Address XXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXXXXXXXXXX XXXXXX XX XXXXX-XXXX	Phone Type XXXXXXXXXX XXXXXXXXXX	Phone Number (XXX) XXX-XXXX (XXX) XXX-XXXX	<u>Notification Method</u>		<u>Expected Category</u> XXX	<u>Need Diet Assessment</u> X	Contact Date MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY
						<u>Mail (Y/N)</u>	<u>Phone (Y/N)</u>			
						X	X			

Figure 320 - Local Agency Wait Listed Applicants Report

**Section 2 - 4.3.35.3** Local Agency Wait Listed Applicants Summary Report

**Error! No topic specified.**

**Figure 321** - Local Agency Wait Listed Applicants Summary Report

*Calculations*

**Number Wait Listed** - Count(Wait Listed applicants by category, priority and Local Agency)

**Need Diet Assessment-** Count(Wait Listed applicants by category, priority and Local Agency without a dietary assessment)

**Totals (Number Wait Listed)** - Count(Wait Listed applicants by Local Agency)

**Totals (Need Diet Assessment)** - Count(Wait Listed applicants by Local Agency without a dietary assessment)

*Background Processes*

The title of the report changes to include the name of the program selected in the 'Program' parameter on the criteria screen.

## Enrollment and Certification

**Section 2 - 4.3.36** : Improvement Rate at Re-Certification Visit by Risk

**Priority:** Required

**Window:** Improvement Rate at Re-Certification Visit by Risk Window

**Report:** Yes

**FSRD Reference:** EP9.4, PP16.2

**Narrative:** This report replaces the ‘Improvement Rate at Evaluation Visit by Risk’ report. This window provides information on the number and percentage of participants who improved, based on certain risk factors, at their re-certification visit.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

CATEGORY (ASC)

CLIENT APPLICATION DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification



**Section 2 - 4.3.36.1 : Improvement Rate at Re-Certification Visit by Risk Criteria****Figure 322** - Improvement Rate at Re-Certification Visit by Risk Criteria**Fields**

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Visit Date From/Thru** - The date range the report will be generated for. This field is required.

**Report Level** - The organization level the report will be generated for. The available options are Local Agency/Clinic, Local Agency, State. This field is required.

**Report** - The improvement rate report to generate. The available options are Women, Infants/Children. This field is required.

**Button(s)**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.36.2 : Improvement Rate at Re-Certification Visit by Risk Report**

Report Date: MM/DD/YYYY

Page: ZZZ9

Report #

**Arizona WIC Program**  
**Improvement Rate At Re-certification by Risk**  
**Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY**  
**(Report Level)**  
**(Report)**

Local Agency: XX XXXXXXXXXXXXXXXXXXXXXXXX

Clinic: XX XXXXXXXXXXXXXXXXXXXXXXXX

Number of Records pulled: XXXX

Status at Re-certification

Risk	Initially At Risk		No Improvement		Improved No Longer at Risk		Newly at Risk Acquired Risk		Newly at Risk Acquired Risk	
	#	%	#	%	#	%	#	%	#	%
ANEMIA	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
OVERWEIGHT	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
SHORT STATURE	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
UNDERWEIGHT	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
OTHER RISKS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
TOTAL NUMBER OF RISKS	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX

**Figure 323 - Improvement Rate at Re-Certification Visit by Risk Report**

*Calculations*

Initially Positive - Total number and percent of participants found to have the risk at the initial visit.

At Re-cert - No Improvement - Total number and percent of participants found to have the risk at the re-certification visit.

At Re-cert - Some Improvement - Total number and percent of participants found to still have the risk at the re-certification visit, but have shown improvement.

At Re-cert - Improved/No Longer at Risk - Total number and percent of participants that no longer have the risk.

At Re-cert - Newly at Risk - Total number and percent of participants that did not have the risk at their initial assessment, but now do.

Totals - Column totals.

Other Risks - This category includes all risks that were assigned to participants within the designated time period of the report except for the following risks: anemia, overweight, short stature, and underweight.

*Background Processes*

This report reports on only participants that have at least 2 certification periods with their second certification visit during the date range entered. For all risks except anemia, the medical data entered at their first visit is compared to that entered at their last visit. For anemia the last two visits are compared.

## Enrollment and Certification

**Section 2 - 4.3.37** : CSFP Distribution Master Listing

**Priority:** Required

**Window:** CSFP Distribution Master Listing Window

**Report:** Yes

**FSRD Reference:** EP 9.3, EP9.4, PP16.2

**Narrative:** This window produces the CSFP distribution list for a particular month and issue site. This report is sent to the issue sites where it is used to log food box pickups.

**Sort Criteria (Major to Minor):**

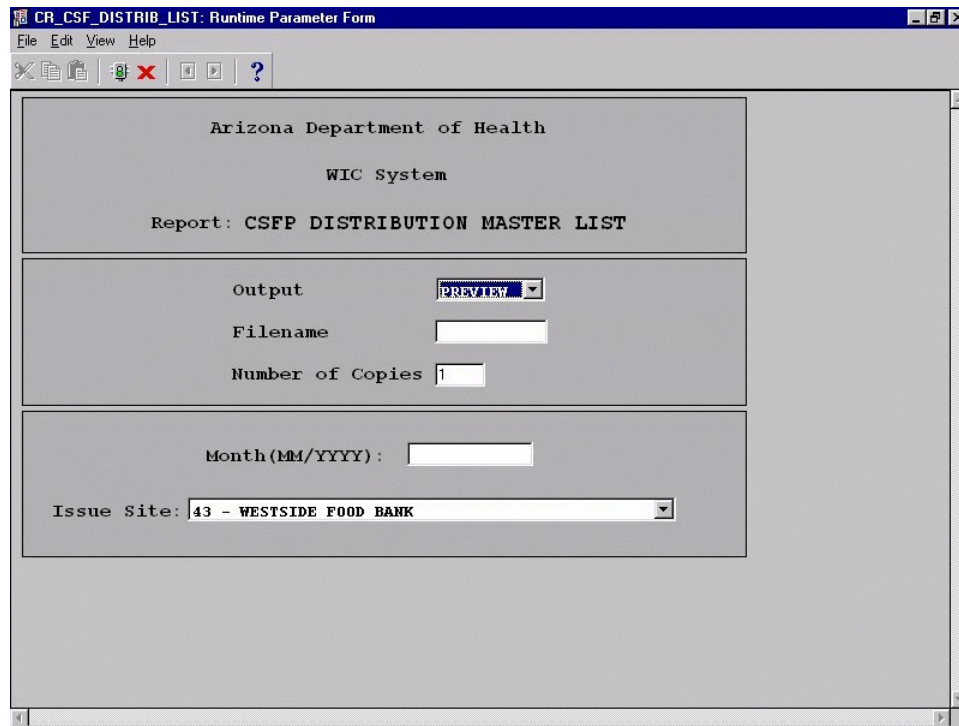
CATEGORY (ASC)

LAST NAME (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.37.1 : CSFP Distribution Master Listing Criteria**

CR\_CSFP\_DISTRIIB\_LIST: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: CSFP DISTRIBUTION MASTER LIST

Output: PREVIEW

Filename:

Number of Copies: 1

Month (MM/YYYY):

Issue Site: 43 - WESTSIDE FOOD BANK

**Figure 324 - CSFP Distribution Master Listing Criteria****Fields**

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Month** - Limits the selection of records to participants that are to be issued Food Boxes during the month selected. This field is required.

**Issue Site** - Limits the selection of records to participants that are to be issued Food Boxes at this site. This field is required.

**Button(s)**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.37.2 : CSFP Distribution Master Listing Report****Report Name:** CR\_CSF\_DISTRIB\_LIST**Report Date:** 06/04/2007 09:06:38 AM

**Arizona WIC Program**  
**CSFP Distribution Master List**  
 MM/YYYY

**Database:** AZDEVTUC**User:** WICADM**Page:** 1 of 5

**Issue Site:** XX XXXXXXXXXXXXXXXXXXXXXXXX

**Category:** XX XXXXXXXXXXXXXXXXXXXXXXXX

Box Sticker	Last Name	First Name	DOB	ID#	Race	Phone No.	Cert End Date	Comments
	XXXXXXXXXXXXXXXXXX Category: XX Signature:	XXXXXXXXXXXXXXXXXX	99/99/9999	9999999999	Z	(999)999-9999 Last Pickup Date	99/99/9999 DD-MON-YY Date:	
	XXXXXXXXXXXXXXXXXX Category: XX Signature:	XXXXXXXXXXXXXXXXXX	99/99/9999	9999999999	Z	(999)999-9999 Last Pickup Date	99/99/9999 DD-MON-YY Date:	
	XXXXXXXXXXXXXXXXXX Category: XX Signature:	XXXXXXXXXXXXXXXXXX	99/99/9999	9999999999	Z	(999)999-9999 Last Pickup Date	99/99/9999 DD-MON-YY Date:	
	XXXXXXXXXXXXXXXXXX Category: XX Signature:	XXXXXXXXXXXXXXXXXX	99/99/9999	9999999999	Z	(999)999-9999 Last Pickup Date	99/99/9999 DD-MON-YY Date:	
	XXXXXXXXXXXXXXXXXX Category: XX Signature:	XXXXXXXXXXXXXXXXXX	99/99/9999	9999999999	Z	(999)999-9999 Last Pickup Date	99/99/9999 DD-MON-YY Date:	
	XXXXXXXXXXXXXXXXXX Category: XX Signature:	XXXXXXXXXXXXXXXXXX	99/99/9999	9999999999	Z	(999)999-9999 Last Pickup Date	99/99/9999 DD-MON-YY Date:	

**Figure 325 - CSFP Distribution Master Listing Report**

**Section 2 - 4.3.37.3 : CSFP Distribution Write In Sheet**

Report Name: CR\_CSFP\_DISTRIB\_LIST

Report Date: 06/04/2007 09:06:38 AM

Arizona WIC Program  
CSFP Distribution Master List  
MM/YYYY

Database: AZDEVTUC

User: WICADM

Page: 1 of 5

Issue Site: XX XXXXXXXXXXXXXXXXXXXXXXXX

Category: XX XXXXXXXXXXXXXXXXXXXXXXXX

Box Sticker	Last Name	First Name	DOB	ID#	Race	Phone No.	Cert End Date	Comments
<div>Signature: _____ Date: _____</div>								
<div>Signature: _____ Date: _____</div>								
<div>Signature: _____ Date: _____</div>								
<div>Signature: _____ Date: _____</div>								

**Figure 326 - CSFP Distribution Write In Sheet**



## Enrollment and Certification

**Section 2 - 4.3.38** : Follow-Up Assessment

**Priority:** Required

**Window:** Follow-Up Assessment Window

**Report:** Yes

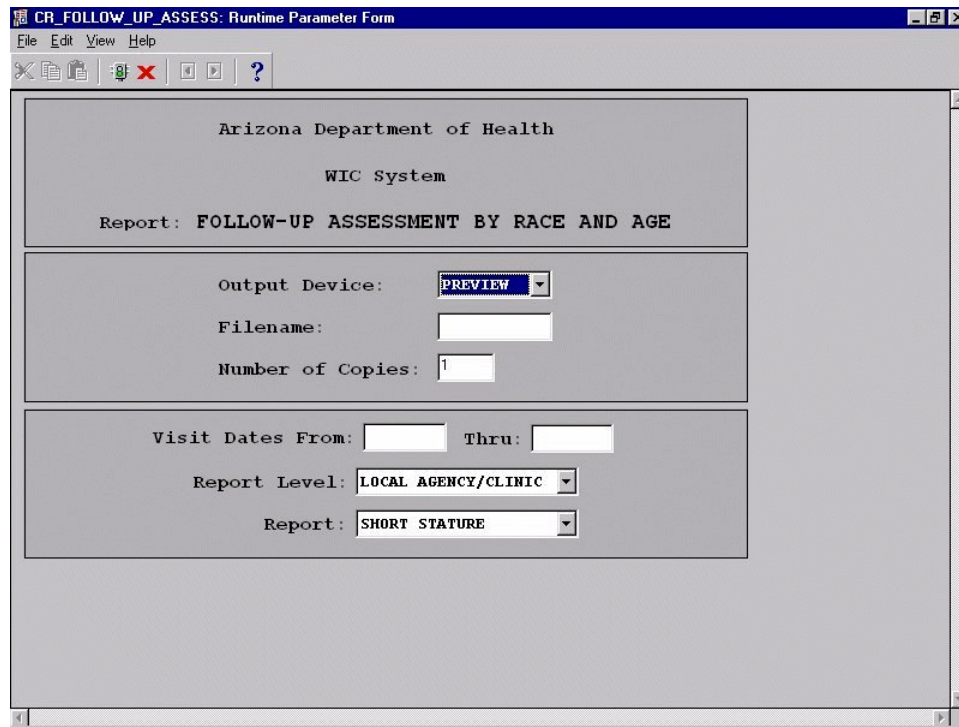
**FSRD Reference:** EP 9.3, EP9.4, PP16.2

**Narrative:** This window provides follow up assessment information by race and age. The window displays counts and percentages of infant and children participants with risks for Short Stature, Hemoglobin, Overweight, and Underweight.

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.38.1 : Follow-up Assessment Criteria****Figure 327** - Follow-up Assessment Criteria**Fields**

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Visit Date From/Thru** - The date range the report will be generated for. This field is required.

**Report Level** - The organization level the report will be generated for. The available options are Local Agency/Clinic, Local Agency, and State. This field is required.

**Report** - List of values box that allows user to select report type: Short Stature, Overweight, Underweight, or Hemoglobin.

**Button(s)**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report

**Section 2 - 4.3.38.2 : Follow-Up Assessment - Short Stature Report**

**Error! No topic specified.**

**Figure 328 - Follow-Up Assessment - Short Stature Report**

**Section 2 - 4.3.38.3 : Follow-Up Assessment - Hemoglobin Report****Error! No topic specified.****Figure 329 - Follow-Up Assessment - Hemoglobin Report**

**Section 2 - 4.3.38.4 : Follow-Up Assessment - Overweight Report**

**Error! No topic specified.**

**Figure 330 - Follow-Up Assessment - Overweight Report**

**Section 2 - 4.3.38.5 : Follow-Up Assessment - Underweight Report**

**Error! No topic specified.**

**Figure 331 - Follow-Up Assessment - Underweight Report**

*Calculations*

Number Evaluated - Total number of participants within the race with at least 2 certification periods and the latest cert period is within the date range of the report.

Previous Prevalence # and % - Total number and percent of participants evaluated found to have the risk at their initial certification.

Current Risk # and % - Total number and percent of participants evaluated found to have the risk at their re-certification visit.

Percent at Previous Risk who Improved - Total percent of participants found to have the risk at the earliest visit the risk was identified who showed improvement at their latest certification visit.

(( # no longer at Risk at latest cert / # at Risk at a previous cert ) x 100).

Totals - Column totals.

*Background Processes*

This report reports on infant and children participants that have at least 2 certification periods with their second certification visit during the date range entered. For the previous prevalence and current risk columns, all risks except hemoglobin, the report compares the medical data entered at their first visit to that entered at their latest visit. For hemoglobin the last two visits are compared. For Percent at Previous Risk who Improved column, improved means no longer at risk. The report compares the medical data entered at the earliest date the risk was identified to the latest certification in the date range entered.



## Enrollment and Certification

**Section 2 - 4.3.39** : CSFP Certifications Due

**Priority:** Required

**Window:** CSFP Certifications Due Window

**Report:** Yes

**FSRD Reference:** EP 9.3, EP9.4, PP16.2

**Narrative:** This window provides information on CSFP Participants who are due to be recertified.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

CATEGORY (ASC)

CLIENT APPLICATION DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.39.1 : CSFP Certifications Due Criteria**

CR\_CSFP\_RECERTS\_DUE: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: CSFP CERTIFICATION DUE

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: LOCAL AGENCY

Local Agency: MARICOPA COUNTY DEPT OF PUBLIC HEALTH

End Cert Date From (MM/YYYY): 1/1998 Thru: 07/2000

**Figure 332 - CSFP Certifications Due Criteria****Fields**

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - List box allowing printing of report via a level type (state/local, or local/clinic) reporting. This field is required.

**End Cert Date From/Thru** - The date range to use to select re-certification records for the report. This field is required.

**Button(s)**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.39.2** CSFP Certifications Due Report

**Error! No topic specified.**

**Figure 333** - CSFP Certifications Due Report

*Calculations*

**Clinic Totals** - Count(CSFP Participants due to by Certified)

*Background Processes*

This report is produced by the end of day process six weeks prior to the end of each month, and lists all CSFP participants that are due for re-certification.

## Enrollment and Certification

### Section 2 - 4.3.40 : Low Birth Weight

**Priority:** Required

**Window:** Low Birth Weight Window

**Report:** Yes

**FSRD Reference:** EP 9.3, EP9.4, PP16.2

**Narrative:** This window provides information on low birth weight and when women enrolled in WIC. A count of infants, including all infants in a multiple birth, born at low birth weight, very low birth weight, and normal birth weight to mothers that have enrolled in the WIC program at 0 - 28 weeks, greater than 28 weeks and at unknown weeks gestation. The data is presented by local agency, clinic, weeks of gestation and birth weight category.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

CATEGORY (ASC)

CLIENT APPLICATION DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.40.1 : Low Birth Weight Criteria****Figure 334 - Low Birth Weight Criteria***Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Dates From/Thru** - The date range of birth dates for the search. This field is required.

**Report Level**- List box allowing printing of report via a level type (state/local, or local/clinic) reporting. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.40.2 : Low Birth Weight Report**

**Error! No topic specified.**

**Figure 335 - Low Birth Weight Report**

*Calculation(s)*

## Rows

**# Born** - Count of infants born in the birth weight category and to mothers that enrolled in WIC during the weeks specified, accumulated for the date range entered on the criteria screen.

**%(Column)** - The percentage of infants in the birth weight category compared to infants in all birth weight categories. ( $\text{\# Born in the birth weight category for the WIC enrolled time} / \text{\# Born across all three birth weight categories for the same WIC enrolled time}$ )

**%(Row)** - The percentage of infants in the birth weight category compared to infants in the same birth weight category across all time periods for enrolling in WIC. ( $\text{\# Born in the birth weight category for the enrolled time} / \text{\# Born across for the same birth weight category for all WIC enrolled times}$ )

## Column Totals

**Total(# Born)** - Count of infants born in all of the birth weight categories with mothers that enrolled in WIC during the weeks specified.

**Total(%(Column))** - The percentage of infants in all of the birth weight categories with mothers that enrolled in WIC during the weeks specified compared to infants in all birth weight categories with mothers that enrolled in WIC across all time periods. ( $\text{\# Born in the birth weight category for the WIC enrolled time} / \text{\# Born across all three birth weight categories for the all WIC enrollment time periods}$ )

**Total(%(Row))** - The same calculation as Total(%(Column)).

*Background Processes*

None



## Enrollment and Certification

### Section 2 - 4.3.40.3      Nutritional Risk Summary

**Priority:** Required

**Window:** Nutritional Risk Summary Window

**Report:** Yes

**FSRD Reference:** EP 9.3, EP9.4, PP16.2

**Narrative:** This window provides information on nutritional risks by clinic.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

CATEGORY (ASC)

CLIENT APPLICATION DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.40.4 : Nutritional Risk Summary Criteria**

CR\_NUTR\_RISK\_SUMMARY: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: NUTRITIONAL RISK SUMMARY

Output Device:

Filename:

Number of Copies:

Visit Dates From :  Thru :

Report Level :

Report :

**Figure 336 - Nutritional Risk Summary Criteria***Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.

**Visit Date From/Thru** - The date range the report will be generated for. This field is required.

**Report Level** - The organization level the report will be generated for. The available options are Local Agency or State. This field is required.

**Report** - The Nutritional Risk report to generate. The available options are Women, Infants/Children, All. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.40.5** : Nutritional Risk Summary Report

**Error! No topic specified.**

**Figure 337** - Nutritional Risk Summary Report

*Calculations*

**Screen Anemia #** - Number of participants evaluated for anemia.

**% at Risk % (Anemia)** - Percent of evaluated participants found to be at risk for anemia.

**Screen Underweight #** - Number of participants evaluated for underweight.

**% at Risk % (Underweight)** - Percent of evaluated participants found to be at risk for underweight.

**Screen short stature #** - Number of participants evaluated for short stature.

**% at Risk % (Short Stature)** - Percent of evaluated participants found to be at risk for short stature.

**Screen Overweight > 17 yrs #** - Number of participants over the age of 17 evaluated for overweight.

**% at Risk % (Overweight)** - Percent of evaluated participants over the age of 17 found to be at risk for overweight.

**Screen Overweight <= 17 yrs #** - Number of participants 17 or younger evaluated for overweight.

**% at Risk % (Overweight)** - Percent of participants 17 or younger evaluated and found to be at risk for overweight.

**Total (Screen Anemia #)**- Sum(Screen Anemia # column)

**Total (Anemia % at Risk %)** - ((Number of Participants found to have Anemia) / Total (Screen Anemia #)) x 100

**Total (Screen Underweight #)**- Sum(Screen Underweight # column)

**Total (Underweight % at Risk %)** - ((Number of Participants found to be underweight) / Total (Screen Underweight #)) x 100

**Total (Screen Short Stature #)**- Sum(Screen Short Stature # column)

**Total (Short Stature % at Risk %)** - ((Number of Participants found to be at risk for short stature) / Total (Screen Short Stature #)) x 100

**Total (Screen Overweight > 17 #)**- Sum(Screen Overweight > 17 YRS # column)

**Total (Overweight > 17 % at Risk %)** - ((Number of Participants over 17 found to be at risk for overweight) / Total (Screen Overweight > 17 #)) x 100

**Total (Screen Overweight <= 17 #)**- Sum(Screen Overweight <= 17 YRS # column)

**Total (Overweight <= 17 % at Risk %)** - ((Number of Participants 17 or under found to be at risk for overweight) / Total (Screen Overweight <= 17 #)) x 100

*Background Processes*

This report queries participant visits that include the collection of anthropometric measurements. The Short stature column is recorded as 0 for women, for the 'All' report Short stature includes only infants/children data.

Participants are counted in this report if they have been assigned the indicated risk factor, for example participants in the overweight column are counted if they have the overweight risk factor. The overweight risk factor is base table driven and assigned based on the entries in the Desirable Weight for Women window.

## Enrollment and Certification

**Section 2 - 4.3.41** : Nutritional Risk By Race

**Priority:** Required

**Window:** Nutritional Risk By Race Window

**Report:** Yes

**FSRD Reference:** EP 9.3, EP9.4, PP16.2

**Narrative:** This window provides information on Participants with nutritional risks by race. This report replaces the Nutritional Risk by Ethnic Group (H15651) report.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

CATEGORY (ASC)

CLIENT APPLICATION DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.41.1 : Nutritional Risk By Race Criteria**

CR\_NUTR\_RISK\_BY\_RACE: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: NUTRITIONAL RISK BY RACE

Output Device:

Filename:

Number of Copies:

Visit Dates From :  Thru :

Report Level :

Report :

**Figure 338 - Nutritional Risk By Race Criteria***Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.

**Visit Date From/Thru** - The date range the report will be generated for. This field is required.

**Report Level** - The organization level the report will be generated for. The available options are Local Agency/Clinic, Local Agency, State. This field is required.

**Report** - The report that will be generated. The available options are Women, Infants/Children, All. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.



**Section 2 - 4.3.41.2 : Nutritional Risk By Race Report****Report Name:** CR\_NUTR\_RISK\_BY\_RACE**Report Date:** MM/DD/YYYY

Arizona WIC Program  
NUTRITIONAL RISK BY RACE  
Visit Date From: MM/DD/YYYY Thru: MM/DD/YYYY  
(Report Level)  
(Report)

**Report No:** CR2417**Page:** 999999**Local Agency:** XX XXXXXXXXXXXXXXXXXXXX**Clinic:** XX XXXXXXXXXXXXXXXXXXXX

Race	Screen Anemia #	% at Risk %	Screen Under Weight #	% at Risk %	Screen Short Stature #	% at Risk %	Screen Overweight > 17 Yrs #	% at Risk %	Screen Overweight > 17 Yrs #	% at Risk %
XXXXXXXXXXXXXX	999999	999	999999	999	999999	999	999999	999	999999	999
XXXXXXXXXXXXXX	999999	999	999999	999	999999	999	999999	999	999999	999
XXXXXXXXXXXXXX	999999	999	999999	999	999999	999	999999	999	999999	999
XXXXXXXXXXXXXX	999999	999	999999	999	999999	999	999999	999	999999	999
<b>Total:</b>	999999	999	999999	999	999999	999	999999	999	999999	999

**Figure 339** - Nutritional Risk By Race Report

### *Calculations*

**Number Evaluated** - Total number of participants evaluated for anthropometric and/or bloodwork risks.

**# at Risk for Anemia** - Number of participants for the race evaluated for anemia.

**% at Risk for Anemia** - Percent of evaluated participants found to be at risk for anemia.

**# at Risk for Underweight** - Number of participants for the race evaluated for underweight.

**% at Risk for Underweight** - Percent of evaluated participants found to be at risk for underweight.

**# at Risk for Short Stature** - Number of participants for the race evaluated for short stature.

**% at Risk for Short Stature** - Percent of evaluated participants found to be at risk for short stature.

**# at Risk for Overweight > 17 yrs.** - Number of participants for the race over the age of 17 evaluated for overweight.

**% at Risk for Overweight > 17 yrs.** - Percent of evaluated participants over the age of 17 found to be at risk for overweight.

**# at Risk for Overweight <= 17 yrs.** - Number of participants 17 or younger for the race evaluated for overweight.

**% at Risk for Overweight <= 17 yrs.** - Percent of evaluated participants 17 or younger found to be at risk for overweight.

**Total (Screen Anemia #)**- Sum(Screen Anemia # column)

**Total (Anemia % at Risk %)** - ((Number of participants found to be at risk for Anemia) / Total (Screen Anemia #)) x 100

**Total (Screen Underweight #)**- Sum(Screen Underweight # column)

**Total (Underweight % at Risk %)** - ((Number of participants found to be at risk for Underweight) / Total (Screen Underweight #)) x 100

**Total (Screen Short Stature #)**- Sum(Screen Short Stature # column)

**Total (Short Stature % at Risk %)** - ((Number of participants found to be at risk for short stature) / Total (Screen Short Stature #)) x 100

**Total (Screen Overweight > 17 #)**- Sum(Screen Overweight > 17 YRS # column)

**Total (Overweight > 17 % at Risk %)** - ((Number of participants over 17 found to be at risk for overweight) / Total (Screen Overweight > 17 #)) x 100

**Total (Screen Overweight <= 17 #)**- Sum(Screen Overweight <= 17 YRS # column)

**Total (Overweight <= 17 % at Risk %)** - ((Number of participants 17 or younger found to be at risk for overweight) / Total (Screen Overweight <= 17 #)) x 100

### *Background Processes*

Reports on the last visit with anthropometric and/or bloodwork measures taken within the date range. When running the Women report short stature is reported as 0. When running the combined, short stature only includes infants and children data. When running the Infants/Children report, Overweight > 17 years is reported as 0.

The denominator for the percentage calculations is the # of participants screened for that risk.

Participants are counted in this report if they have been assigned the indicated risk factor, for example participants in the overweight column are counted if they have the overweight risk factor. The overweight risk factor is base table driven and assigned based on the entries in the Desirable Weight for Women window.

## Enrollment and Certification

**Section 2 - 4.3.42** : Initial Assessment by Race and Age

**Priority:** Required

**Window:** Initial Assessment by Race and AgeWindow

**Report:** Yes

**FSRD Reference:** EP 9.3, EP9.4, PP16.2

**Narrative:** This window provides information on Participants with nutritional risks at the initial assessment by race and age.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

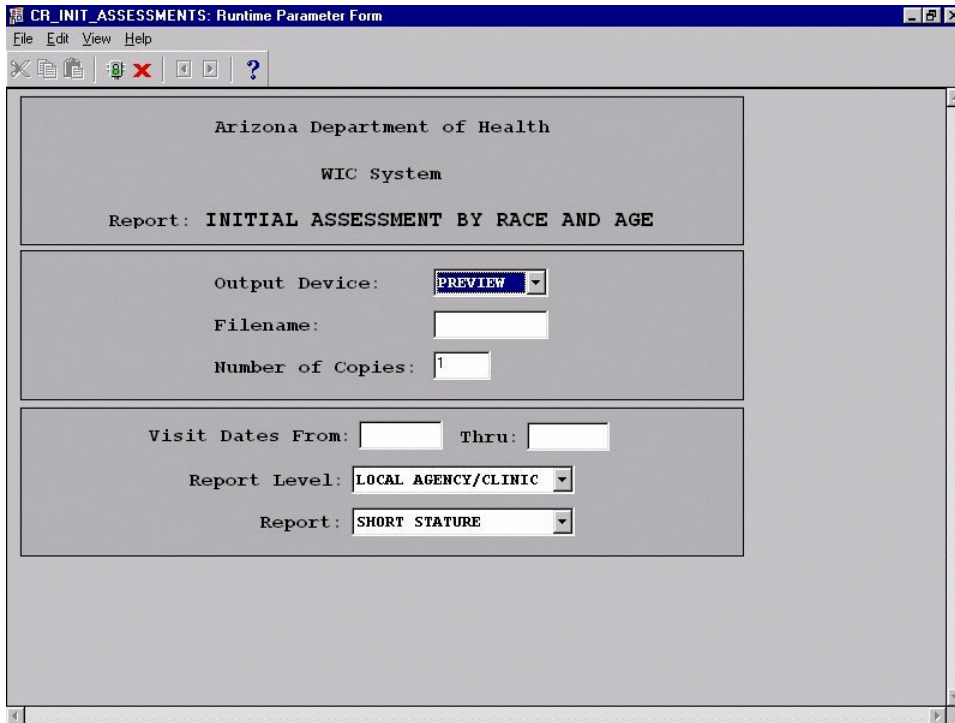
CATEGORY (ASC)

CLIENT APPLICATION DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.42.1 : Initial Assessment by Race and Age Criteria****Figure 340** - Initial Assessment by Race and Age Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.

**Visit Date From/Thru** - The date range the report will be generated for. This field is required.

**Report Level** - The organization level the report will be generated for. The available options are Local Agency/Clinic, Local Agency, State. This field is required.

**Report** - The Nutritional Risk Report to generate. The available options are Short Stature, Overweight, Underweight, Hemoglobin. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.42.2 : Initial Assessment by Race and Age - Short Stature Report**

**Report Name:** CR\_INIT\_ASSESSMENTS  
**Report Date:** MM/DD/YYYY

**Arizona WIC Program**  
**INITIAL ASSESSMENT BY RACE AND AGE - SHORT STATURE**  
**Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY**  
**(Report Level)**

**Report No:** CR2417  
**Page:** 999999

**Local Agency:** XX XXXXXXXXXXXXXXXX

**Clinic:** XX XXXXXXXXXXXXXXXX

**--- White ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- American Indian Or Alaskan Native ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Asian ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Total ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Black or African American ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Hispanic ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Native Hawaiian Or Other Pacific Islander ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**Figure 341 - Initial Assessment by Race and Age - Short Stature Report**

**Section 2 - 4.3.42.3 : Initial Assessment by Race and Age - Overweight Report**

**Report Name:** CR\_INIT\_ASSESSMENTS  
**Report Date:** MM/DD/YYYY

**Report No:** CR2417  
**Page:** 999999

**Arizona WIC Program**  
**INITIAL ASSESSMENT BY RACE AND AGE – OVERWEIGHT**  
**Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY**  
**(Report Level)**

**Local Agency:** XX XXXXXXXXXXXXXXXX

**Clinic:** XX XXXXXXXXXXXXXXXX

**--- White ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- American Indian Or Alaskan Native ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Asian ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Total ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Black or African American ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Hispanic ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Native Hawaiian Or Other Pacific Islander ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**Figure 342 - Initial Assessment by Race and Age - Overweight Report**

**Section 2 - 4.3.42.4 : Initial Assessment by Race and Age - Underweight Report**

**Report Name:** CR\_INIT\_ASSESSMENTS  
**Report Date:** MM/DD/YYYY

**Arizona WIC Program**  
**INITIAL ASSESSMENT BY RACE AND AGE – UNDERWEIGHT**  
**Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY**  
**(Report Level)**

**Report No:** CR2417  
**Page:** 999999

**Local Agency:** XX XXXXXXXXXXXXXXXX

**Clinic:** XX XXXXXXXXXXXXXXXX

**--- White ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- American Indian Or Alaskan Native ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Asian ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Total ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Black or African American ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Hispanic ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Native Hawaiian Or Other Pacific Islander ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**Figure 343 - Initial Assessment by Race and Age - Underweight Report**



**Section 2 - 4.3.42.5 : Initial Assessment by Race and Age - Hemoglobin Report**

**Report Name:** CR\_INIT\_ASSESSMENTS  
**Report Date:** MM/DD/YYYY

**Arizona WIC Program**  
**INITIAL ASSESSMENT BY RACE AND AGE – HEMOGLOBIN**  
**Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY**  
**(Report Level)**

**Report No:** CR2417  
**Page:** 999999

**Local Agency:** XX XXXXXXXXXXXXXXXX

**Clinic:** XX XXXXXXXXXXXXXXXXXXXX

**--- White ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- American Indian Or Alaskan Native ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Asian ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Total ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Black or African American ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Hispanic ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**--- Native Hawaiian Or Other Pacific Islander ---**

Age of Participant	Numb Screen	At Risk No.	At Risk Pct.
XXXXXXXXXXXX	999999	999999	999999
<b>Total:</b>	999999	999999	999999

**Figure 344 - Initial Assessment by Race and Age - Hemoglobin Report**

*Calculations*

Numb Screen - The number of participants in the age range screened for the risk.

At Risk No. - The number of participants in the age range found to be at risk.

At Risk % - The percentage of participants in the age range found to be at risk.  $(\text{At Risk No.} / \text{Numb Screen}) \times 100$

Total (Numb Screen) - The total number of participants screened for the risk.

Total (At Risk No.) - The total number of participants found to be at risk.

Total (At Risk %) - The percentage of participants found to be at risk.  $(\text{Total (At Risk No.)} / \text{Total (Numb Screen)}) \times 100$

*Background Processes*

None

## Enrollment and Certification

**Section 2 - 4.3.43** : Participation By Food Package

**Priority:** Required

**Window:** Participation By Food Package Window

**Report:** Yes

**FSRD Reference:** PP16.2

**Narrative:** This window provides information on participation by food package. Counts by category and group (Women, Infants, Children), the number of participants issued food instruments for food packages within one of the following groups:

1. Pregnant/Breastfeeding/Postpartum Women and Children
2. Rebate Infant formula
3. Special formula
4. Non-Rebate formula

The categories reported on are the category of the participant at the time of issuance.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)  
CATEGORY (ASC)  
CLIENT APPLICATION DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.43.1 : Participation By Food Package Criteria**

CR\_PART\_BY\_FOOD\_PACK: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: PARTICIPATION BY FOOD PACKAGE

Output Device: PREVIEW

Filename:

Number of Copies: 1

Month Ending (MM/YYYY):

Report Level: Local Agency/Clinic

**Figure 347** - Participation By Food Package Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.

**Month (MM/YYYY)** - The month the report will be generated for. This field is required.

**Report Level** - Gives the choice of State or Local Agency report type. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.43.2 : Participation By Food Package Report**

**Error! No topic specified.**

**Figure 348 - Participation By Food Package Report**

*Calculations*

## Columns

Qty - The count of participants receiving the food package in the category.

Total (group Qty) - The group(women, infants, or children) total for the food package.

Total (group %) - The percentage of participants issued the food package, compared to the total number of participants who were issued any food package in that major food package group.

Total (Qty) - The total count for all groups (women, infants, children) for the food package within the food package group.

Total (%) - The percentage of this food package within the food package group.

## Rows

Subtotals - the number of food packages issued by category, group (women, infants, children) and all.

State/Local Agency totals - the number of food packages issued by category, group (women, infants, children) and all for the State or Local Agency depending on the Report Level chosen.

*Background Processes*

Note: A participant may be counted more than once per month if they have been issued more than one food package.

## Enrollment and Certification

**Section 2 - 4.3.44** : Pending Food Package Approval

**Priority:** Required

**Window:** Pending Food Package Approval Report Window

**Report:** Yes

**FSRD Reference:** EP 9.3, EP9.4, PP16.2

**Narrative:** This window provides information on pending food package approvals by local agency/clinic.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL ORG CODE (ASC)

APPROVAL REQ'D BY DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification



**Section 2 - 4.3.44.1 : Pending Food Package Approval Criteria**

CR\_PEND\_FP\_APPR: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: PENDING FOOD PACKAGE APPROVAL REPORT

Output Device: LOCAL AGENCY

Filename:

Number of Copies: 1

Reporting Level: LOCAL AGENCY / CLINIC

Clinic: ALL CLINICS

**Figure 349** - Pending Food Package Approval Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.

**Report Level** - The organization level the report will be run for. The available options are State or Local Agency. This field is required.

**Clinic** - The clinic the report will be run for. The available options are a particular clinic or All. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.44.2 : Pending Food Package Approval Report**

Report: CR\_PEND\_FP\_APPRArizona WIC ProgramReport No. CR2304  
Report Date: MM/DD/YYYYPENDING FOOD PACKAGE APPROVAL REPORTDatabase: XXXXX  
Report Time: HH:MM:SSUser Name: XXXXXX

Local Agency: XXXXXXXXXXXXXXXXXXXX  
Clinic: XXXXXXXXXXXX

<u>Participant ID</u>	<u>Name</u>	<u>Date of Birth</u>
XXXXXXXXXX	XXXXXXX, XXXXXXXX	MM/DD/YYYY

**Figure 350** - Pending Food Package Approval Report

*Calculations*

None

*Background Processes*

The report retrieves all clients that have a current certification and require food package approval.

The report will return clients with pending food package approvals for the following five scenarios:

1. Needs both approvals but both nutritionist flag and physician flag were not checked.
2. Needs nutritionist approval but nutritionist flag is not checked.
3. Needs physician approval but physician flag is not checked.
4. Needs both approvals but only nutritionist flag is checked.
5. Needs both approvals but only physician flag is checked.

## Enrollment and Certification

**Section 2 - 4.3.45** : Racial/Ethnic Participation

**Priority:** Required

**Window:** Racial/Ethnic Participation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, EP9.4, PP16.2

**Narrative:** This window provides information on racial/ethnic Participants by local agency/clinic.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

CATEGORY (ASC)

CLIENT APPLICATION DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.45.1 : Racial/Ethnic Participation Criteria**

CR\_RACIAL\_ETHNIC: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
Report: RACIAL/ETHNIC PARTICIPATION

Output Device: PREVIEW

Filename:

Number of Copies: 1

Month: OCT

Year:

Report Level: STATE

**Figure 351** - Racial/Ethnic Participation Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.

**Month** - The system will select participants who were issued an FI in this month. This field is required.

**FFY** - The desired FFY for the report.

**Report Level** - List box allowing printing of report via a level type (state/local, or local/clinic) reporting. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.45.2 : Racial/Ethnic Participation Report**

**Error! No topic specified.**

**Figure 352 - Racial/Ethnic Participation Report**

*Calculations*

Enrolled - The total of participating plus non-participating.

Participating - The total number of participants.

Non-Participating - The total number of non-participants.

*Background Processes*

A participant is counted as participating if she has at least one issued draft in the report month, that has not been voided. Participants included on the State Funded Participation Report will not be included in the counts for this report.

If the participant has only voided drafts, is not terminated, and is in a valid certification period in the report month, the participant is counted as non-participating. If the participant has a terminated status or is not in a valid certification period for the report month, the participant is not counted on the report.

Breastfed infants with no food package are counted as participating if they are in a valid certification period and have not been terminated. The counts are accumulated under the appropriate race and category for the infant.



## Enrollment and Certification

**Section 2 - 4.3.46** : Unduplicated Count of Participants By Program

**Priority:** Required

**Window:** Unduplicated Count of Participants By Program Window

**Report:** Yes

**FSRD Reference:** EP 9.3, EP9.4, PP16.2

**Narrative:** This window provides an unduplicated count of Participants by program. This report must be run on the Central database as caseload detail information does not get passed down to the local agencies.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT ORG CODE (ASC)

CATEGORY (ASC)

CLIENT APPLICATION DATE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.46.1 : Unduplicated Count of Participants By Program Criteria**

CR\_UNDUP\_COUNT\_PART: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

Report: UNDUPLICATED COUNT OF PARTICIPANTS BY PROGRAM

Output Device: PREVIEW

Filename:

Number of Copies: 1

Visit Dates From: Thru:

Report Level: LOCAL AGENCY/CLINIC

**Figure 353** - Unduplicated Count of Participants By Program Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. This field is optional.

**Number of Copies** - The user may enter in the number of copies of this report to generate. This field is optional, the default is one.

**Visit Date From/Thru** - The date range the report will be generated for. This field is required.

**Report Level** - The organization level the report will be generated for. The available options are Local Agency/Clinic, Local Agency, State. This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.46.2 : Unduplicated Count of Participants By Program Report****Report Name: CR\_UNDUP\_COUNT\_PART****Report Date: MM/DD/YYYY**

**Arizona WIC Program**  
**UNDULICATED COUNT OF PARTICIPANTS BY PROGRAM**  
**Issue Month From: MM/DD/YYYY Thru: MM/DD/YYYY**  
**(Report Level)**

**Report No: CR2433****Page: 999999****Local Agency: XX XXXXXXXXXXXXXXXXXXXX****Clinic: XX XXXXXXXXXXXXXXXXXXXX**

--- White ---					
Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXXXX	999999	999999	999999	999999	999999
<b>Total:</b>	999999	999999	999999	999999	999999

--- American Indian Or Alaskan Native ---					
Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXXXX	999999	999999	999999	999999	999999
<b>Total:</b>	999999	999999	999999	999999	999999

--- Asian ---					
Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXXXX	999999	999999	999999	999999	999999
<b>Total:</b>	999999	999999	999999	999999	999999

--- Total ---					
Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXXXX	999999	999999	999999	999999	999999
<b>Total:</b>	999999	999999	999999	999999	999999

--- Black or African American ---					
Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXXXX	999999	999999	999999	999999	999999
<b>Total:</b>	999999	999999	999999	999999	999999

--- Hispanic ---					
Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXXXX	999999	999999	999999	999999	999999
<b>Total:</b>	999999	999999	999999	999999	999999

--- Native Hawaiian Or Other Pacific Islander ---					
Age of Participant	WIC PGM	CSF PGM	WIC Not Elig	CSF Not Elig	Total
XXXXXXXXXXXX	999999	999999	999999	999999	999999
XXXXXXXXXXXX	999999	999999	999999	999999	999999
<b>Total:</b>	999999	999999	999999	999999	999999

**Figure 354 - Unduplicated Count of Participants By Program Report**

*Calculations*

WIC PGM - Count of unduplicated WIC participants by program by age and race.

CSF PGM - Count of unduplicated CSF participants by program by age and race. This count will be zero as there is no procedure in AIM to calculate CSF participation.

WIC Not Elig - Total number of participants evaluated and found not eligible for the WIC program.

CSF Not Elig - Total number of participants evaluated and found not eligible for the CSF program. This count will be zero as there is no procedure in AIM to calculate CSF participation.

Total (Row) - Total number of participants (unduplicated) for the age range.

Total (Column) - Column total (unduplicated).

*Background Processes*

Reports on the last program certification period within the date range entered.

## Enrollment and Certification

**[CO 5]**

**Section 2 - 4.3.47** : *Smoking Status at 6 Months Post-partum by Age and Race*

**Priority:** *Required*

**Window:** *Smoking Status at 6 Months Post-partum by Age and Race Initiation Window*

**Report:** *Yes*

**FSRD Reference:** *EP 9.3, PP16.2*

**Narrative:**

*This Window produces a summary report of 6 month postpartum participant's smoking status by age and race.*

**Sort Criteria (Major to Minor):**

*ORGANIZATIONAL UNIT CODE (ASC)*

**Data Current As Of:** *Run Time*

**Frequency:** *On Demand*

**Role(s):** *Enrollment and Certification*

**Section 2 - 4.3.47.1 : Smoking Status at 6 Months Post-partum by Age and Race Criteria**

The screenshot shows a Windows-style application window titled "CR\_SMK\_AGE\_RACE: Runtime Parameter Form". The window has a menu bar with "File", "Edit", "View", and "Help". Below the menu bar is a toolbar with icons for file operations and a help icon. The main content area is divided into sections. The top section is titled "Arizona Department of Health" and "WIC System". Below this is a section titled "SMOKING STATUS AT 6 MONTHS POST-PARTUM BY AGE & RACE". This section contains three input fields: "Output Device:" with a dropdown menu showing "PREVIEW", "Filename:" with a text input field, and "Number of Copies:" with a text input field containing the value "1". Below these fields is a section titled "Report Level:" with a dropdown menu showing "LOCAL AGENCY".

**Figure 355** - Smoking Status at 6 Months Post-partum by Age and Race Criteria

*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.47.2 : Smoking Status at 6 Months Post-partum by Age and Race****Error! No topic specified.****Figure 356 - Smoking Status at 6 Months Post-partum by Age and Race**



## Calculation(s)

**No Change No.** - Count(6 month postpartum participants with no smoking change)

**No Change %** - (No Change No. / Total No.) x 100

**Increased No.** - Count(6 month postpartum participants with smoking increase)

**Increased %** - (Increased No. / Total No.) x 100

**Quit No.** - Count(6 month postpartum participants that quit smoking)

**Quit %** - (Quit No. / Total No.) x 100

**Decreased No.** - Count(6 month postpartum participants with smoking decrease)

**Decreased %** - (Decreased No. / Total No.) x 100

**Total Impact No.** - Quit No. + Decreased No.

**Total Impact %** - (Total Impact No. / Total No.) x 100

**Total** - Count(6 month postpartum participants that smoked 3 months prior to pregnancy)

**Started No.** - Count(6 month postpartum participants that didn't smoke 3 months before pregnancy and have started smoking)

**With HH Smokers No.** - Count(6 month postpartum participant non-smokers that live with another smoker)

**Without HH Smokers No.** - Count(6 month postpartum participant non-smokers that live with non-smokers)

## Background Processes

The 'No Change' column is the number and percent of smokers that smoked the same amount at 6 months postpartum as 3 months prior to pregnancy.

The 'Increased' column is the number and percent of smokers that smoked more cigarettes daily at 6 months postpartum as 3 months prior to pregnancy.

The 'Decreased' column is the number and percent of smokers that smoked less cigarettes daily at 6 months postpartum as 3 months prior to pregnancy.

The 'Quit' column is the number and percent of smokers that answered No to the "Do you currently smoke, Even a Puff?" question at the 6 month postpartum visit and Yes to the "Did you smoke during the 3 months before you became pregnant?" question.

The 'Total Impact' column is the number and percent of smokers that decreased or quit smoking.

The 'Total' column is the total number of 6 month postpartum participants who smoked 3 months prior to pregnancy.

The 'Started' column is the number and percent of non-smokers that started smoking since 3 months before becoming pregnant.

The 'With HH Smokers' is the number and percent of non-smokers that live with someone that smokes.

The 'Without HH Smokers' is the number and percent of non-smokers that live with non-smokers.

A smoker is defined as a women that answered Yes to the "Did you smoke during the 3 months before you became pregnant?" question in the health history function at the 6 month postpartum visit.

A household smoker is determined by answering Yes to the ‘Does anyone who lives with you smoke?’ question in the health history function at the 6 month postpartum visit.

The 6 month postpartum visit health history record is used and the response to the “On average, how many cigarettes per day do you currently smoke?” question is compared to the response to the “On average, how many cigarettes per day did you smoke?” (3 months before you became pregnant).

The smoking history record used for the 6 month postpartum visit is the smoking history record when the infant is between 25 and 34 weeks of age. When multiple smoking history records exist in the time period the one nearest to 6 months of age is used.

**Enrollment and Certification**

**\*\*\* THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.**

**Section 2 - 4.3.48** : Birth Weight by Trimester Enrolled and Smoking Status

**Priority:** Required

**Window:** Birth Weight by Trimester Enrolled and Smoking Status Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a summary report of postpartum participant's smoking status and birth weight by trimester enrolled in WIC.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.48.1 : Birth Weight by Trimester Enrolled and Smoking Status Criteria***Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.48.2** : Birth Weight by Trimester Enrolled and Smoking Status

**Error! No topic specified.**

**Figure 357** - Birth Weight by Trimester Enrolled and Smoking Status

**Section 2 - 4.3.48.3** Smoking Status and Trimester Enrolled in WIC by Birth Weight

**This page intentionally left blank.**

*Calculation(s)*

*Total (Column) = VLBW + LBW + Normal BW*

*Background Processes*

*The first smoking history record after the delivery of the infant is queried for this information. The trimester the participant was enrolled in is determined by querying the first pregnancy smoking history date and comparing it to the expected delivery date.*

*The ‘Smokers who quit by end of pg’ row is the number of smokers that answered No to the “Do you currently smoke, Even a Puff?” question at the 1st postpartum visit and Yes to the “Did you smoke during the 3 months before you became pregnant?” question.*

*The ‘Smokers who decreased by end of pg’ row is the number of smokers that decreased the number of cigarettes smoked daily at the 1st postpartum visit as 3 months prior to pregnancy.*

*The ‘Subtotal’ row is the number of smokers that quit or decreased smoking by the end of the pregnancy.*

*The ‘Smokers who made no change by end of pg’ row is the number of smokers that smoked the same amount at the end of the pregnancy as they did at 3 months prior to the pregnancy.*

*The ‘Smokers who increased or started’ row is the number of smokers that started smoking or smoked more cigarettes daily at the 1<sup>st</sup> postpartum visit as they did at 3 months prior to pregnancy.*

*The ‘Total smokers enrolled in X trimester’ row is the number of participants that were smokers 3 months prior to pregnancy. (This does not include those that started smoking during the pregnancy)*

*The ‘Non-smoker with HH smoker’ row is the number of non-smokers that live with someone that smokes.*

*The ‘Non-smoker without HH smoker’ row is the number of non-smokers that live with non-smokers.*

*A smoker is defined as a women that answered Yes to the “Did you smoke during the 3 months before you became pregnant?” question in the health history function.*

*A household smoker is determined by answering Yes to the ‘Does anyone who lives with you smoke?’ question in the health history function.*

*The 1st postpartum visit (either during the pregnancy certification period or the postpartum/breastfeeding certification period) smoking history record is used and the response to the “On average, how many cigarettes per day do you currently smoke?” question is compared to the response to the “On average, how many cigarettes per day did you smoke?” (3 months before you became pregnant) question.*

## ***Enrollment and Certification***

**Section 2 - 4.3.49** : *Smoking Status at 6 months Post-partum by Type of Intervention*

**Priority:** *Required*

**Window:** *Smoking Status at 6 months Post-partum by Type of Intervention Window.*

**Report:** *Yes*

**FSRD Reference:** *EP 9.3, PP16.2*

**Narrative:**

*This Window produces a summary report of 6 month postpartum participant's smoking status by referral organizations that the participant was referred to by WIC.*

**Sort Criteria (Major to Minor):**

*ORGANIZATIONAL UNIT CODE (ASC)*

**Data Current As Of:** *Run Time*

**Frequency:** *On Demand*

**Role(s):** *Enrollment and Certification*



**Section 2 - 4.3.49.1 : Smoking Status at 6 Months Post-partum By Type of Intervention**

CR\_SMK\_TYPE\_INTERV: Runtime Parameter Form

File Edit View Help

Arizona Department of Health  
WIC System  
SMOKING STATUS AT 6 MONTHS POST-PARTUM  
BY TYPE OF INTERVENTION

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: STATE

*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.49.2** : *Smoking Status at 6 Months Post-partum By Where WIC Referred Participant*

**Error! No topic specified.**

**Figure 358** - *Smoking Status at 6 Months Post-partum By Where WIC Referred Participant*

*Calculations*

*See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

#### *Background Processes*

*See the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

***Enrollment and Certification***

**\*\*\* THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.**

**Section 2 - 4.3.50** : *Smoking Status at 6 months Post-partum by Number of Previous Live Births and whether ever on WIC Before*

**Priority:** *Required*

**Window:** *Smoking Status at 6 months Post-partum by Number of Previous Live Births and whether ever on WIC Before Initiation Window*

**Report:** *Yes*

**FSRD Reference:** *EP 9.3, PP16.2*

**Narrative:**

*This Window produces a summary report on the smoking status of 6 month postpartum participants previously on WIC by the number of previous live births.*

**Sort Criteria (Major to Minor):**

*ORGANIZATIONAL UNIT CODE (ASC)*

**Data Current As Of:** *Run Time*

**Frequency:** *On Demand*

**Role(s):** *Enrollment and Certification*

**Section 2 - 4.3.50.1** : *Smoking Status at 6 months Post-partum by number of Previous Births and whether ever on WIC Before Criteria**Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.50.2** : *Smoking Status at 6 months Post-partum by number of Previous Births and whether ever on WIC Before*  
**Error! No topic specified.**

**Figure 359** - *Smoking Status at 6 months Post-partum by number of Previous Births and ever on WIC Before*

*Calculations*

*See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

*Background Processes*

*See the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

## ***Enrollment and Certification***

**Section 2 - 4.3.51** : *Smoking Status at 6 months Post-partum by Birth Weight*

**Priority:** *Required*

**Window:** *Smoking Status at 6 months Post-partum by Birth Weight Initiation Window*

**Report:** *Yes*

**FSRD Reference:** *EP 9.3, PP16.2*

**Narrative:**

*This Window produces a summary report on the smoking status of 6 month postpartum participant's by birth weight.*

**Sort Criteria (Major to Minor):**

*ORGANIZATIONAL UNIT CODE (ASC)*

**Data Current As Of:** *Run Time*

**Frequency:** *On Demand*

**Role(s):** *Enrollment and Certification*



**Section 2 - 4.3.51.1 : Smoking Status at 6 Months Post-partum by Birth Weight Criteria**

CR\_SMK\_BIRTH\_WT: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

SMOKING STATUS AT 6 MONTHS POST-PARTUM BY BIRTH WEIGHT

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: STATE

**Figure 360** - Smoking Status at 6 Months Post-partum by Birth Weight Criteria*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.51.2 : Smoking Status at 6 Months Post-partum by Birth Weight****Error! No topic specified.****Figure 361** - Smoking Status at 6 Months Post-partum by Birth Weight

*Calculations*

*See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

*Background Processes*

*See the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

## ***Enrollment and Certification***

**Section 2 - 4.3.52** : *Smoking Status at 6 months Post-partum by Education and Income*

**Priority:** *Required*

**Window:** *Smoking Status at 6 months Post-partum by Education and Income Initiation Window*

**Report:** *Yes*

**FSRD Reference:** *EP 9.3, PP16.2*

**Narrative:**

*This Window produces a summary report on the smoking status of 6 month postpartum participant's by education and income.*

**Sort Criteria (Major to Minor):**

*ORGANIZATIONAL UNIT CODE (ASC)*

**Data Current As Of:** *Run Time*

**Frequency:** *On Demand*

**Role(s):** *Enrollment and Certification*

**Section 2 - 4.3.52.1** : *Smoking Status at 6 Months Post-partum by Education and Income Criteria**Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.52.2** : *Smoking Status at 6 Months Post-partum by Education and Income*

**Error! No topic specified.**

**Figure 362** - *Smoking Status at 6 Months Post-partum by Education and Income*

### *Calculations*

*See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

### *Background Processes*

*For the rows referring to the age and education level, the system accesses the Age of the postpartum participant and the education level of the authorized representative.*

*See the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report for additional background information.*

***Enrollment and Certification***

**\*\*\* THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.**

**Section 2 - 4.3.53** : *Smoking Status by 6 months Post-partum by How Many Cigarettes Smoked Before Pregnancy*

**Priority:** *Required*

**Window:** *Smoking Status by 6 months Post-partum by how Many Cigarettes Smoked Before Pregnancy Initiation Window*

**Report:** *Yes*

**FSRD Reference:** *EP 9.3, PP16.2*

**Narrative:**

*This Window produces a summary report on the smoking status of 6 month postpartum participant's by the number of cigarettes smoked per day before the pregnancy began.*

**Sort Criteria (Major to Minor):**

*ORGANIZATIONAL UNIT CODE (ASC)*

**Data Current As Of:** *Run Time*

**Frequency:** *On Demand*

**Role(s):** *Enrollment and Certification*



**Section 2 - 4.3.53.1** : *Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy Criteria*

CR\_SMK\_BEF\_PREG: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

SMOKING STATUS AT 6 MONTHS POST-PARTUM BY HOW MANY CIGARETTES SMOKED BEFORE PREGNANCY

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: STATE

**Figure 363** - *Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy Criteria*

*Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.53.2 : Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy**

**Error! No topic specified.**

**Figure 364** - Smoking Status at 6 Months Post-partum by How Many Cigarettes Smoked Before Pregnancy

*Calculations*

*See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

*Background Processes*

*See the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

***Enrollment and Certification***

**\*\*\* THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.**

**Section 2 - 4.3.54** : *Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker*

**Priority:** *Required*

**Window:** *Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker Initiation Window*

**Report:** *Yes*

**FSRD Reference:** *EP 9.3, PP16.2*

**Narrative:**

*This Window produces a summary report on the smoking status of 6 month postpartum participant's by history of prior miscarriage(s) and household smoking.*

**Sort Criteria (Major to Minor):**  
*ORGANIZATIONAL UNIT CODE (ASC)*

**Data Current As Of:** *Run Time*

**Frequency:** *On Demand*

**Role(s):** *Enrollment and Certification*

---

**Section 2 - 4.3.54.1** : *Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker Criteria**Fields*

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

*Button(s)*

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.54.2** : *Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker*

**Error! No topic specified.**

**Figure 365** - *Smoking Status at 6 months Post-partum by Prior Miscarriage and Living with a Smoker*

### *Calculations*

*See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

### *Background Processes*

*The system determines the History of Miscarriage by accessing the response to the "Have you Ever Had: A still birth or a miscarriage on or after 20 weeks of pregnancy" question in the Women Health History window.*

*For additional information see the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

## ***Enrollment and Certification***

**Section 2 - 4.3.55** : *Smoking Status at 6 months Post-partum by Type of Intervention*

**Priority:** *Required*

**Window:** *Smoking Status at 6 months Post-partum by Type of Intervention Initiation Window*

**Report:** *Yes*

**FSRD Reference:** *EP 9.3, PP16.2*

**Narrative:**

*This Window produces a summary report on the smoking status of 6 month postpartum participant's by type of intervention.*

**Sort Criteria (Major to Minor):**

*ORGANIZATIONAL UNIT CODE (ASC)*

**Data Current As Of:** *Run Time*

**Frequency:** *On Demand*

**Role(s):** *Enrollment and Certification*



**Section 2 - 4.3.55.1** : *Smoking Status at 6 months Post-partum by Type of Intervention Criteria*

**Figure 366** - *Smoking Status at 6 months Post-partum by Type of Intervention Criteria*

**Fields**

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

**Button(s)**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.55.2** : *Smoking Status at 6 months Post-partum by Type of Intervention*

**Error! No topic specified.**

**Figure 367** - *Smoking Status at 6 months Post-partum by Type of Intervention*

*Calculations*

*See the calculations defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

*Background Processes*

*The system accesses the response to the 'Smoking Referral' question in the Women Health History window to determine the Intervention.*

*For more information see the background processes defined in the 'Smoking Status at 6 Months Post-partum by Age and Race' report.*

## Enrollment and Certification

**Section 2 - 4.3.56** : Among Smokers Change in Stage of Readiness to Change

**Priority:** Required

**Window:** Among Smokers Change in Stage of Readiness to Change Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a summary report on the smoking status of postpartum participants by smoking stages of change at 6 weeks and 6 months postpartum.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.56.1 : Among Smokers, Change in Stage of Readiness to Change Criteria**

CR\_SMK\_CHG\_IN\_STG: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

AMONG SMOKERS, CHANGE IN STAGE OF READINESS TO CHANGE

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: STATE

**Figure 368** - Among Smokers, Change in Stage of Readiness to Change Criteria**Fields**

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

**Button(s)**

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.56.2 : Among Smokers, Change in Stage of Readiness to Change**

**Error! No topic specified.**

**Figure 369** - Among Smokers, Change in Stage of Readiness to Change

---

*Calculations*

# - Count(participants by stage of change)

% - (# / row total) x 100

**Total # (Column)** - Row Total

**Total % (Column)** - 100% (Row %)

**Total # (Row)** - Column Total

**Total % (Row)** - (Total # (Row) / Total # (Column)) x 100

*Background Processes*

The information for the 'From pregnancy to 6 Weeks postpartum' section of the report is gathered by querying the smoking history record between the delivery date and 6 weeks after the delivery date. In the event there are more than one smoking history record during this time period the record closest to 6 weeks is used.

The information for the 'From pregnancy to 6 Months postpartum' section of the report is gathered by querying the smoking history record between 26 and 36 weeks after the delivery date. In the event there are more than one smoking history record during this time period the record closest to 26 weeks is used.

The 'Not Ready (N)' row is the number of smokers that selected 'Not Ready' to the "Have you thought about quitting or cutting back on smoking?" question at the first health history during the pregnancy .

The 'Thinking about it (T)' row is the number of smokers that selected 'Thinking about it' to the "Have you thought about quitting or cutting back on smoking?" question.

The 'Recent Quitter (Q)' row is the number of smokers that selected 'Recent Quitter' to the "Have you thought about quitting or cutting back on smoking?" question.

The 'Unknown or blank' row is the number of smokers that do not have a smoking history record within the time frames defined for this report, Delivery date - 6 weeks and 26 - 36 weeks after the delivery date.

The 'Total' row is the number of smokers of all stages of change.

A smoker is defined as a women that answered Yes to the "Did you smoke during the 3 months before you became pregnant?" question in the health history function.

## Enrollment and Certification

**Section 2 - 4.3.57** : Birth Weight By Mother's Smoking Status, Age, and Baby's Gestational Age

**Priority:** Required

**Window:** Birth Weight By Mother's Smoking Status, Age, and Baby's Gestational Age Initiation Window.

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a summary report on the smoking status of infant birth weight by smoking status, mother's age and infant's gestational age.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification



**Section 2 - 4.3.57.1 : Birth Weight By Mother's Smoking Status, Age, and Baby's Gestational Age Criteria**

CR\_SMK\_BIRTH\_WT: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

BIRTH WEIGHT BY MOTHER'S SMOKING STATUS, AGE AND  
BABY'S GESTATIONAL AGE

Output Device: PREVIEW

Filename:

Number of Copies: 1

Report Level: STATE

**Figure 368.1 - Birth Weight By Mother's Smoking Status, Age, and Baby's Gestational Age report window**

## Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

## Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

## Calculations

**VLBW** - Count(participants born weighing less than 1500 grams)

**LBW** - Count(participants born weighing less than 2500 grams)

**NBW** - Count(participants born weighing 2500 grams or more)

**Total (column)** - Sum(VLBW, LBW, NBW)

**Total (row)** - Sum(Preterm, Term)

**Gestational Age** - Round(40 - ((Expected Delivery Date found in mother's last pregnancy certification - Actual Delivery Date in mother's current breastfeeding/postpartum certification) / 7))

## Background Processes

The preterm gestational age is defined as 37 weeks or less, the term gestational age is defined as more than 37 weeks.

The 'Mothers who smoked anytime during pregnancy' section of the report is determined by a Yes response to the "Did you smoke anytime during your pregnancy?" question from the first postpartum visit.

The 'Mothers who smoked in the last trimester' section of the report is determined by a Yes response to the "Did you smoke during the last 3 months of your pregnancy?" question from the first postpartum visit.

The 'Non-Smoking Moms' section of the report is determined by a No response to the "Do you currently or have you ever smoked?" question from the first postpartum visit.

The first postpartum visit is the first smoking history record entered after the delivery date, this could occur during the last 6 weeks of the pregnancy certification period or the postpartum certification period.

### **Enrollment and Certification**

**\*\*\* THIS REPORT WAS ORIGINALLY SCHEDULED FOR IMPLEMENTATION INTO AIM AS PART OF CHANGE ORDER 5. HOWEVER, IT WAS LATER REMOVED FROM THE CHANGE ORDER AND WAS NOT IMPLEMENTED IN AIM.**

**Section 2 - 4.3.58** : Breastfeeding Duration Compared to Smoking Cessation Duration

**Priority:** Required

**Window:** Breastfeeding Duration Compared to Smoking Cessation Duration Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a summary report on the smoking status of 6 month postpartum participant's by breastfeeding duration and smoking cessation duration.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification

**Section 2 - 4.3.58.1 : Breastfeeding Duration Compared to Smoking Cessation Duration Criteria**

## Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

## Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.58.2** : Breastfeeding Duration Compared to Smoking Cessation Duration

**Error! No topic specified.**

**Figure 370** - Breastfeeding Duration Compared to Smoking Cessation Duration

## Calculations

**No.** - Count(participants who were not smoking at the time period indicated by the column header)

**%** -  $(\text{No.} / \text{Count}(\text{participant smokers by 00 cigs in time period for all breastfeeding durations})) \times 100$  (This column will add up to 100%)

**Total No.(column)** - Count(participants that quit smoking during any of the time periods indicated by the column headers and breastfeeding duration)

**Total %(Column)** -  $(\text{Total No.} / \text{Count}(\text{participants that quit smoking during any of the time periods indicated by the column headers and all breastfeeding durations})) \times 100$

**Total No.(row)** - (Column total), Total Count(participants that quit smoking during the time periods indicated by the column headers)

## Background Processes

This report includes only those that responded Yes to the “Did you smoke during the 3 months before you became pregnant?” question in the health history function at the 6 months postpartum visit.

The smoking history record used for the 6 month postpartum visit is the smoking history when the infant is between 26 and 36 weeks of age. When multiple smoking history records exist in the time period the one nearest to 26 weeks of age is used.

The smoking history record used for the 6 week postpartum visit is the smoking history record when the infant is between 0 and 6 weeks of age. When multiple smoking history records exist in the time period the one nearest to 6 weeks of age is used.

The smoking history record used for the first postpartum visit is the first smoking history record of the infant after the actual delivery date.

The ‘00 cigs last 3 mo’ column is the number and percent of breastfeeding participants that were smokers three months before becoming pregnant, but during the last three months of pregnancy did not smoke, by breastfeeding duration. A response of No to the “Did you smoke during the last 3 months of pregnancy?” question at the first postpartum visit is used to determine this value.

The ‘00 cigs @ 6 wks pp’ column is the number and percent of breastfeeding participants that were smokers three months before becoming pregnant, but at the 6 weeks postpartum visit were no longer smoking, by breastfeeding duration. A response of No to the “Do you currently smoke, Even a Puff?” question at the 6 week postpartum visit is used to determine this value.

The ‘00 cigs @ 6 mo pp’ column is the number and percent of breastfeeding participants that were smokers three months before becoming pregnant, but at the 6 month postpartum visit were no longer smoking, by breastfeeding duration. A response of No to the “Do you currently smoke, Even a Puff?” question at the 6 month postpartum visit is used to determine this value.

The ‘Total’ column is the total number and percentage of participant smokers that quit smoking during the last three months of pregnancy, 6 weeks postpartum, or 6 months postpartum by breastfeeding duration.

## Enrollment and Certification

**Section 2 - 4.3.59** : 2 x 2 Tables to Show relapse at Different Points in Time

**Priority:** Required

**Window:** 2 x 2 Tables to Show relapse at Different Points in Time Initiation Window

**Report:** Yes

**FSRD Reference:** EP 9.3, PP16.2

**Narrative:**

This Window produces a summary report displaying 2 x 2 Tables to Show relapse at Different Points in Time.

**Sort Criteria (Major to Minor):**

ORGANIZATIONAL UNIT CODE (ASC)

**Data Current As Of:** Run Time

**Frequency:** On Demand

**Role(s):** Enrollment and Certification



**Section 2 - 4.3.59.1** : 2 x 2 Tables to Show relapse at Different Points in Time Criteria**NOT IN SYSTEM**

## Fields

**Output Device** - Clicking on this list of values button allows the user to select the output device that the report will be sent to. This field is optional, the default is display.

**Filename** - The user may enter the name of a file that the report is to be saved in here. Optional.

**Number of Copies** - The user may enter in the number of copies of this report to be generated. This field is optional, the default is one.

**Report Level** - Drop down list showing organization levels (State, LA, LA/Clinic, State/LA). This field is required.

## Button(s)

**Previous** - Displays the previous page of the report being previewed.

**Next** - Displays the next page of the report being previewed.

**Run Report** - Clicking on this button allows the user to run the report.

**Cancel** - Clicking on this button allows the user to cancel the report.

**Section 2 - 4.3.59.2** : 2 x 2 Tables to Show relapse at Different Points in Time  
**Error! No topic specified.**

CR\_SMK\_RELAPSE\_TAB: Runtime Parameter Form

File Edit View Help

Arizona Department of Health

WIC System

2 X 2 TABLES TO SHOW RELAPSE AT DIFFERENT POINTS IN TIME

Output Device:

PREVIEW

Filename:

Number of Copies:

1

Report Level:

STATE

Figure 371 - 2 x 2 Tables to Show relapse at Different Points in Time

## Calculations

The following notation is used for the calculations and background processing.

**A1** = The data found at the 'Smoked at 6 wk pp' row and the 'Smoked last 3 months of pg' column in the upper left of the top(A) half of the report.

**A2** = The data found at the 'Smoked at 6 wk pp' row and the 'Did not Smoke last 3 months of pg' column in the upper right of the top(A) half of the report.

**A3** = The data found at the 'Did not Smoke at 6 wk pp' row and the 'Smoked last 3 months of pg' column in the lower left of the top(A) half of the report.

**A4** = The data found at the 'Did not Smoke at 6 wk pp' row and the 'Did not Smoke last 3 months of pg' column in the lower right of the top(A) half of the report.

**B1** = The data found at the 'Smoked at 6 mo pp' row and the 'Smoked at 6 wk pp' column in the upper left of the bottom(B) half of the report.

**B2** = The data found at the 'Smoked at 6 mo pp' row and the 'Did not Smoke at 6 wk pp' column in the upper right of the bottom(B) half of the report.

**B3** = The data found at the 'Did not Smoke at 6 mo pp' row and the 'Smoked at 6 wk pp' column in the lower left of the bottom(B) half of the report.

**B4** = The data found at the 'Did not Smoke at 6 mo pp' row and the 'Did not Smoke at 6 wk pp' column in the lower right of the bottom(B) half of the report.

Within each cell, (A1, A2, ...) the report lists three values from top to bottom, these numbers are referred to as Count, Row%, Column%.

For example, here is portion of the top half of the report with labels for the A1 and A2 cells.

A.	<u>Smoked last 3 months of pg</u> <u>Did not smoke last 3 mo of pg</u>			
<u>Smoked at 6 wk pp</u>	A1 Count	A2 Count		
	A1 Row%	A2 Row%		
	A1 Column%	A2 Column%		
...				

**A1 Count** - Count(participants who smoked through pregnancy and at 6 wk postpartum visit)

**A1 Row%** - (A1 Count / A1 Count + A2 Count) x 100

**A1 Column%** - (A1 Count / A1 Count + A3 Count) x 100

**A2 Count** - Count(participants who quit smoking by end of pregnancy, but were smoking at 6 wk postpartum visit)

**A2 Row%** - (A2 Count / A1 Count + A2 Count) x 100

**A2 Column%** - (A2 Count / A2 Count + A4 Count) x 100

**A3 Count** - Count(participants who smoked through pregnancy and quit at 6 wk postpartum visit)

**A3 Row%** - (A3 Count / A3 Count + A4 Count) x 100

**A3 Column%** - (A3 Count / A1 Count + A3 Count) x 100

**A4 Count** - Count(participants who quit smoking by end of pregnancy and was not smoking at 6 wk postpartum visit)

**A4 Row%** -  $(A4 \text{ Count} / A4 \text{ Count} + A3 \text{ Count}) \times 100$

**A4 Column%** -  $(A4 \text{ Count} / A2 \text{ Count} + A4 \text{ Count}) \times 100$

**B1 Count** - Count(participants who smoked through pregnancy and at 6 mo postpartum visit)

**B1 Row%** -  $(B1 \text{ Count} / B1 \text{ Count} + B2 \text{ Count}) \times 100$

**B1 Column%** -  $(B1 \text{ Count} / B1 \text{ Count} + B3 \text{ Count}) \times 100$

**B2 Count** - Count(participants who quit smoking by 6 wk postpartum visit, but were smoking at 6 mo postpartum visit)

**B2 Row%** -  $(B2 \text{ Count} / B1 \text{ Count} + B2 \text{ Count}) \times 100$

**B2 Column%** -  $(B2 \text{ Count} / B2 \text{ Count} + B4 \text{ Count}) \times 100$

**B3 Count** - Count(participants who smoked at 6 wk postpartum visit, but quit at 6 mo postpartum visit)

**B3 Row%** -  $(B3 \text{ Count} / B3 \text{ Count} + B4 \text{ Count}) \times 100$

**B3 Column%** -  $(B3 \text{ Count} / B1 \text{ Count} + B3 \text{ Count}) \times 100$

**B4 Count** - Count(participants who quit smoking by 6 wk postpartum visit and was still not smoking at 6 mo postpartum visit)

**B4 Row%** -  $(B4 \text{ Count} / B4 \text{ Count} + B3 \text{ Count}) \times 100$

**B4 Column%** -  $(B4 \text{ Count} / B2 \text{ Count} + B4 \text{ Count}) \times 100$

**Total** - Row count

#### Background Processes

The top half of the report, section A, includes only those that responded Yes to the “Did you smoke during the 3 months before you became pregnant?” question in the health history function at the 6 months postpartum visit.

The bottom half of the report, section B, includes only those that responded Yes to the “Did you smoke during the 3 months before you became pregnant?” and the “Did you smoke during the last 3 months of your pregnancy?” questions in the health history function at the 6 months postpartum visit.

The smoking history record used for the 6 month postpartum visit is the smoking history record of the infant when the infant is between 26 and 36 weeks of age. When multiple smoking history records exist in the time period the one nearest to 26 weeks of age is used. The response to the “Do you currently smoke, Even a Puff?” question is used to determine whether or not the participant has quit smoking.

The smoking history record used for the 6 week postpartum visit is the smoking history record when the infant is between 0 and 6 weeks of age. When multiple smoking history records exist in the time period the one nearest to 6 weeks of age is used. The response to the “Do you currently smoke, Even a Puff?” question is used to determine whether or not the participant has quit smoking.

[END CO 5]

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